CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SEURETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 8, 2002

CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301

SUBJECT: ADROIT INVESTMENTS, LLC

Ref. Number: W02000009803

We have received your document for ADROIT INVESTMENTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 502A00020707

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL FILE DATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adroit Investments, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6542 Hypoluxo Rd, Suite 217, Lake Worth, FL 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida s	treet address of the regi	istered agent are:	SECONOMIC NAMED IN THE PARTY OF
	Bernard Malatesta	_ 经产工	
•	N	· 透過 一 后	
	6542 Hypoluxo Ro	d, Suite 271	HQ R D
•	Florida street address (F	EST ?	
	Lake Worth	FL 33467	5
	City, Sta	D'	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performpage of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company//

(An additional article must be added if an effective date is requested)

Registered Agent's Signature

Signature of a nember or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)