

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L020000026461

P.M. G. Capital, LLC

300008263933-4
10/08/02 01040--011
*****155.00 *****155.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

02 OCT -8 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 8 2002

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

10/8/02

Order#: 5630720

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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22-8-02

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is: P.M.G. Capital, LLC

ARTICLE II - ADDRESS:

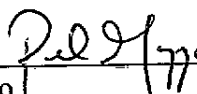
The mailing address and street address of the principal office of the Limited Liability Company is: 324 Datura Street, Suite 230, West Palm Beach, Florida 33410.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

Paul Gozzo
1036 US-1
Suite 227
North Palm Beach, FL 33408

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 performance 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.



Paul Gozzo
Registered Agent

ARTICLE IV - MANAGEMENT

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

ARTICLE V - EFFECTIVE DATE:

This document will become effective upon the filing date.



Sharon R. Reid
Authorized Representative

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TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED