

L02000031687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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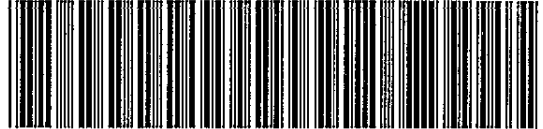
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 25 AM 9:18

November 18, 2002

Registration Section  
Division of Corporations  
POST office Box 6327  
Tallahassee, FL 32314


To Whom It May Concern:

Aftab Cumber and Dimitrios Lellos hereby submit the following Articles of Organization for HADL Management Capital, LLC. The company's address and phone number are as follows:

HADL Management Capital, LLC  
10100 West Sample Road, Suite 205  
Coral Springs, FL 33065  
(954) 426-0414

Enclosed you will find a check in the amount of \$125.00 for the Filing Fee and Designation of Registered Agent.

Sincerely,

  
Aftab Cumber

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DIVISION OF CORPORATIONS  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HADL Management Capital, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10100 West Sample Road, Suite 205  
Coral Springs, FL 33065

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

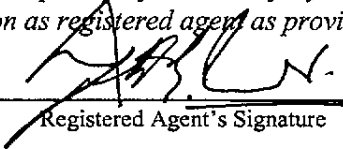
The name and the Florida street address of the registered agent are:

Aftab Cumber  
Name

10100 West Sample Road, Suite 205  
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs FL 33065  
City, State, and Zip

*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.*

  
Registered Agent's Signature

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

  
Signature of a member 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.)

Aftab Cumber  
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)

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