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## ACCOUNT FILING COVER SHEET

AGCOUNT NUMBER: FCA00000005  REFERENCE: 9515219-1  (SUB ACCOUNT)  DATE: H-11-03  REQUESTOR NAME: Lexis Document Services  ADDRESS:
TELEPHONE: () oxt ()
CONTACT NAME:
CORPORATION NAME: Fulcrum Capital LLC
DOCUMENT NUMBER: File Arts of Organization (if applicable)
AUTHORIZATION: Gordin J. Woodyard & 5
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY
) Call When Roady ( ) Call if Problem ( ) After 4:30 Walk In ( ) Will Walt ( ) Pick Up

OINTERNATIONS OF THE STREET FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limite	d Liability Company is: Fulcrum Capital LLC		
ARTICLE II - Address The mailing address and	es: d street address of the principal office of the Limited Liab	ility Company is	s:
8454 Mallards Way, Nap	eles, Florida 34114	AP S	<b>&gt;</b>
ARTICLE III - Regist	ered Agent, Registered Office, & Registered Agent's S	Signature: ASS	;
The name and the Flori	da street address of the registered agent are:	<u> </u>	
	LexisNexis Document Solutions Inc.	PH 2:	
	Name 3953 W. W. Kelley Road	2 2	. <u>₹</u>
	Florida street address (P.O. Box NOT acceptable) Tallahassee, Florida 32311 FL	20 O	
	City, State, and Zip		
liability company at the registered agent and ag statutes relating to the accept the obligations of	registered agent and to accept service of process for the all eplace designated in this certificate, I hereby accept the apprece to act in this capacity. I further agree to comply with a proper and complete performance of my duties, and I am for my position as registered agent as provided for in Chapte LexisNexis Document, Solutions Inc.  Registered Agent's Signature Terry L. Ford, Assistant Secretary	ppointment as the provisions of amiliar with and	all
	ment (Check box if applicable.) ility Company is to be managed by one manager or more a managed company.	managers and is,	
(An a	additional article must be added if an effective date is required.  LexisNexis Document Solutions Inc.  Signature of a member or an authorized representative of a member.		

Terry L. Ford, Assistant Secretary

that the facts stated herein are true.)

Typed or printed name of signee

Çiri <u>E</u>.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)