

Division of Corporations

**LO3000016698**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H03000190104 7)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BELOFF & SCHWARTZ  
Account Number : I20010000064  
Phone : (305) 573-1101  
Fax Number : (305) 573-5505

**LIMITED LIABILITY COMPANY**

**BLACK WING CAPITAL, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

**LO3-16698**  
*OK*

**ARTICLES OF ORGANIZATION OF**  
**BLACK WING CAPITAL, LLC**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

1. **Name.** The name of the limited liability company is:

***BLACK WING CAPITAL, LLC***

2. **Duration.** The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.

3. **Purpose.** This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida law.

4. **Principal Place of Business and Mailing Address.** The address of its principal place of business, as well as the mailing address for this limited liability company is:

***16585 N.W. 2<sup>ND</sup> AVE.  
SUITE 400  
NORTH MIAMI BEACH, FLORIDA 33169***

5. **Registered Agent and Office.** The name and address of its initial registered agent in the State of Florida, whose Consent to appointment as Registered Agent accompanies these Articles, is:

***HARVEY RICHMAN  
16585 N.W. 2<sup>ND</sup> AVE., SUITE 400  
NORTH MIAMI BEACH, FLORIDA 33169***

6. **Initial Member.** The name of the initial member of the limited liability company and its address is as follows:

***MICHAEL FRIED  
16585 N.W. 2<sup>ND</sup> AVE.  
SUITE 400  
NORTH MIAMI BEACH, FLORIDA 33169***

7. **Admission of Additional Members.** Additional Members will be admitted only pursuant to the terms of the operating agreement to be entered into by the Members of the Company.

8. **Management.** The business of the company shall be reserved to and conducted under the exclusive management of its Managing Member according to the provisions of an operating agreement to be entered into between the Members of the Company.

Dated: May 7, 2003

By:   
\_\_\_\_\_  
**MICHAEL FRIED**  
**MEMBER**

RECEIVED  
MAY 14 2003

MAY 14 2003

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND RETISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

***BLACK WING CAPITAL, LLC***

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

**HARVEY RICHMAN  
16585 N.W. 2<sup>ND</sup> AVE., SUITE 400  
NORTH MIAMI BEACH, FLORIDA 33169**

*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.*

  
**HARVEY RICHMAN, REGISTERED AGENT**