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VISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-		
SUBJECT: <u>Carballo Management</u> (Name of L	L.L.Cimited Liability Company)		
The enclosed Articles of Organization and	I fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
David B. Auer (Name of Person)		03 JU	
Family Wealth Counsel, P. (Firm/Company)	.L.C.	03 JUL 23 AM 8:	
(H 8: 16	
7030 S. Yale Avenue, Sui	te 300		
(Address)			
Tulsa, Oklahoma 74136	·		
(City/State and Zip Cod	de)		
For further information concerning this ma	atter, please call:		
David B. Auer	at () 493–2584		
(Name of Person)	(Area Code & Daytime Telephone Num	ber)	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:	Carballo Managem	ent L.L.C.	
ARTICLE II - Address: The mailing address and street addr	ess of the princi	pal office of the Lin	nited Liability Comp	any is:
Principal Office Address:		Mailing Addr	ess:	
384 Fagle DriveJupiter, FL 33477		384 Fagl Jupiter,	e Drive FL 33477	
ARTICLE III - Registered Agent	, Registered Of	fice, & Registered	Agent's Signature:	
The name and the Florida street add	lress of the regis	stered agent are:		
	Bernard A. (Carballo	-	
	384 Eagle D	rive		
Florida stre	et address (P.O. Bo	ox NOT acceptable)	-	
	Jupiter, FI City, State, and 2		-	NISION D3 JUI
Having been named as registered as liability company at the place design registered agent and agree to act in statutes relating to the proper and caccept the obligations of my position	nated in this cert this capacity. I complete perform	ificate, I hereby acce further agree to com ance of my duties, ar	pt the appointment a ply with the provision ad I am familiar with	s por oper size of the size of

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bernard A. Carballo 384 Fagle Drive Jupiter, FL 33477
<u> </u>	
(Use attachment if necessary)	
•	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	A A A A A A A A A A A A A A A A A A A
	mber or an authorized representative of a member.
(In accordance wit of this document o that the facts state	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury d herein are true.)
	Bernard A. Carballo
	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)