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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| CC+ CWS |
| W03-31126 |

Office Use Only



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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | CAPITAL INVESTING GROUP, LLC. | |
|----------|---|--|
| | (Proposed limited liability company name - must include suffix) | |
| | | |

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send on check for the total amount made payable to the Florida Department of State.

| FROM: | Kimberly Nicole Jackson |
|-------|--------------------------------|
| | Name (Printed or typed) |
| | 2054 Riverside Ave. Suite 7312 |
| | Address |
| · | Jacksonville, FL 32204 |
| | City, State & Zip |
| | (904) 386-4356 |
| | Daytime Telephone mumber |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 25, 2003

KIMBERLY NICOLE JACKSON 2054 RIVERSIDE AVE., SUITE 7312 JACKSONVILLE, FL 32204

SUBJECT: CAPITAL INVESTING GROUP, LLC

Ref. Number: W03000031125

We have received your document for CAPITAL INVESTING GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 803A00058221

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CAPITAL INVESTING GROUP, LLC

ARTICLE II - Address:

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

> CAPITAL INVESTING GROUP, LLC 2054 Riverside Ave. Suite 7312 Jacksonville, FL 32204

| ARTICLE III _ Registered Agent, Registered Office, & Registered Agent's Signature: |
|---|
| The name and the Florida street address of the registered agent are: Kimberly Nicole Jackson |
| Name |
| 2054 Riverside Ave. Suite 7312 Florida street address (P.O. Box NOT acceptable) |
| Jacksonville_FL32204 |
| City, State & Zip Having been name 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 statures 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 |
| ARTICLE IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. |
| (An additional article must be added if an effective date is requested) Signature of a member of an abiliborized representative of a member. |

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

execution of this document constitutes an affirmation under the

Typed or printed name of signee

penalties of perjury that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)