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\$130.<sup>00</sup>

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

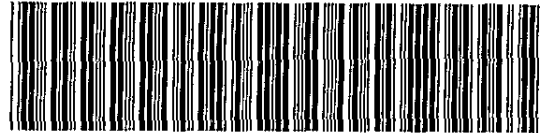
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W03-36170 CUB

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FALLS CHURCH, VA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EQUITY CONSTORTIUM, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELLE PIASIO, CFO  
(Name of Person)

RAMBANA & RICCI, P.A.  
(Firm/Company)

521 EAST TENNESSEE STREET  
(Address)

TALLAHASSEE, FLORIDA 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIELLE PIASIO, CFO at ( 850 ) 224.2529  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 3, 2003

GABRIELLE PIASIO, CFO  
RAMBANA & RICCI, P.A.  
521 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308

SUBJECT: EQUITY CONSORTIUM, L.L.C.  
Ref. Number: W03000036170

We have received your document for EQUITY CONSORTIUM, L.L.C. and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return 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.

Michelle Hodges  
Document Specialist

Letter Number: 003A00064847

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EQUITY CONSTORTIUM, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

521 EAST TENNESSEE STREET

TALLAHASSEE, FLORIDA 32308

**Mailing Address:**

521 EAST TENNESSEE STREET

TALLAHASSEE, FLORIDA 32308

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

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

NEIL ST. JOHN RAMBANA, ESQUIRE

Name

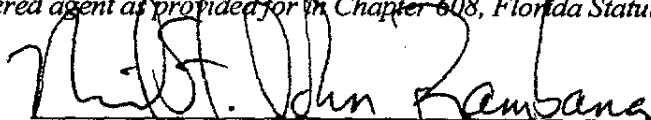
RAMBANA & RICCI, P.A., 521 EAST TENNESSEE ST.

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, FLORIDA 32308

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, Florida Statutes..*

  
Registered Agent's Signature

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03 DEC 12 PM 12:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

NEIL ST. JOHN RAMBANA, ESQ.

ELIZABETH M. RICCI, ESQ.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

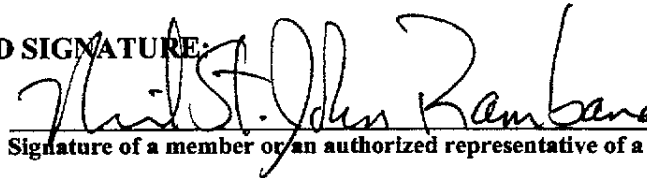
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

NEIL ST. JOHN RAMBANA

\_\_\_\_\_  
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)