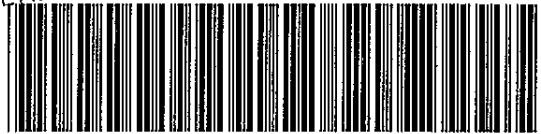


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

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*Law Offices*  
*of*  
**STEVEN D. BRAVERMAN, P.A.**

STEVEN D. BRAVERMAN  
8751 W. BROWARD BLVD.  
SUITE 206  
PLANTATION, FL 33324

**FILED**  
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DIRECT: (954) 474-5988  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TEL: (954) 474-7277  
FAX: (954) 474-2844  
EMAIL: BRAVEBAR39@AOL.COM

January 16, 2004

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: TRI POINT INVESTMENTS, L.L.C.**

Dear Sir or Madam:

Enclosed are the Articles of Organization and Regulations for the above-referenced corporation along with our firm's check in the amount of \$125.00 for the cost of filing same. Also enclosed is the Certificate of Designation of Registered Agent along with our firm's check in the amount of \$35.00 for the cost of filing same. Once filed, please return a file-stamped copy of both documents to our office in the enclosed self-addressed stamped envelope.

If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,



STEVEN D. BRAVERMAN, P.A.

SDB:kk  
Enclosures

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

**FILED**

04 JAN 20 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

TRI POINT INVESTMENTS, L.L.C.

**ARTICLE II - ADDRESS:**

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

9858 Glades Road, #121  
Boca Raton, FL 33434

**ARTICLE III - DURATION:**

The period of duration of the Limited Liability Company shall be:

Perpetual in length

**ARTICLE IV - MANAGEMENT:**

**(Check the appropriate line and complete the statement)**

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

ABRAHAM RACZKOWSKI  
9858 Glades Road, #121  
Boca Raton, FL 33434

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**ARTICLE V - MEMBERS**

The members names and addresses are as follows:

ANDREW STRAUSS  
37 Michael Court  
Thornhill, Ontario L4J 8E9  
CANADA

ABRAHAM RACZKOWSKI  
9858 Glades Road, #121  
Boca Raton, FL 33434

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TALLAHASSEE, FLORIDA

**ARTICLE VI - ADMISSION OF ADDITIONAL MEMBER:**

At this time, there is no right given to the members to admit additional members.

**ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS:**

At this time, there is no right given herein to the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
**ABRAHAM RACZKOWSKI**  
Typed or printed name of signee

**Filing Fee: \$125.00 for Articles and Affidavit**

**FILED**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE** 04 JAN 20 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

TRI POINT INVESTMENTS, L.L.C.

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

STEVEN D. BRAVERMAN  
8751 West Broward Boulevard, Suite 206  
Plantation, FL 33324

*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.*



SIGNATURE