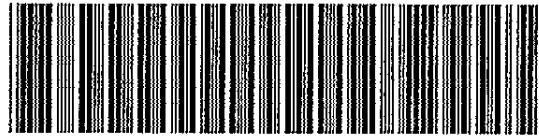


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03/03/04--01081--005 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

February 29, 2004

SUBJECT: NETWORK CAPITAL GROUP, LLC
(Articles of Organization)

Enclosed is an original and one (1) copy of the articles of organization and a check for: \$ 155.00
Filing Fee, Registered Agent Designation, and Certified copy.

From: JOSE N CORREA
J.C. ACCOUNTING & TAX SERVICES
833 SAVANNAH FALLS DR
WESTON, FL 33327

(954) 217-1207
Daytime Telephone number
Fax (954) 217-1206

THANK YOU
JOSE CORREA

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

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04 MAR -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

NETWORK CAPITAL GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

2500 WESTON RD. STE. 103

WESTON, FL 33331

Mailing Address:

2500 WESTON RD. STE. 103

WESTON, FL 33331

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

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

JOSE N CORREA

Name

833 SAVANNAH FALLS DR.

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

WESTON

FLORIDA 33327

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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04 MAR -3 PM 1:04

SECRETARY OF STATE
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

DOUGLAS BRISENO

2535 ROYAL PALM WAY

WESTON, FL 33327

MGRM

CARLOS JIMENEZ

2158 PASA VERDE LN

WESTON, FL 33327

(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.)

JOSE N CORREA REGISTER AGENT

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)