# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000078329 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

0441. 25309

# LIMITED LIABILITY COMPANY

## GHZ CAPITAL MANAGEMENT LLC

Certificate of Status	0
Certified Copy	I
Page Count	01
Estimated Charge	\$155.00

3: 42 G.:-1103

Electronic Filing Manu

Corporate Filing

Public Access Help.

WH-28214

CCRS → 2050383

#### H04000078329

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: GHZ Capital Management LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 526 E. Park Avenue, Tallahassee, FL, 32301

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

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

NRAI Services, Inc.

Name

526 E. Park Avenue

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

Tallahassee

FL 32301

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, F.S.

NRAI Services. Inc. 1

By: Unite F. Loud

Irene F. Lovett Asst, Secy, NRA

(An additional agricle must be added if an offective date is requested)

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 perjuty that the facts stated herein are true.)

Irene F. Lovett, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Cartified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)