

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

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.**

(((H04000080650 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 : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

4/16/04

**LIMITED LIABILITY COMPANY**  
**INTEGRITY CAPITOL ADVANCE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

04 APR 15 AM 10:13

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

30

(h04000080650 3)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTEGRITY CAPITOL ADVANCE SOLUTIONS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5353 N. Federal Highway

Suite 200

Fort Lauderdale, FL 33308

**Mailing Address:**

5353 N. Federal Highway

Suite 200

Fort Lauderdale, FL 33308

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

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

Jeffrey Levine

Name

5353 N. Federal Highway, Ste. 200

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

Fort Lauderdale FLORIDA 33308

City, State, and Zip

04 APR 15 AM 10:13  
CLERK OF STATE  
DIVISION OF CORPORATIONS

*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

Page 1 of 2  
(CONTINUED)

(H04000080650 3)

(H04000080650 3)

**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:**

MGRM

Jeffrey Levine

3000 Holiday Drive, #803  
Fort Lauderdale, FL 33308

MGRM

Michael Trimarco

139 W. 35th Street, #12J  
New York, NY 10016

(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.)

Jeffrey Levine

Typed or printed name of signer

04 APR 15 AM 10:13  
CLERK OF STATE  
DIVISION OF CORPORATIONS

(H04000080650 3)

Page 2 of 2

P. 03

FAX NO. 18003543381

APR-15-04 THU 04:35 PM GERALD WEINBERG PC