

1040000 36803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

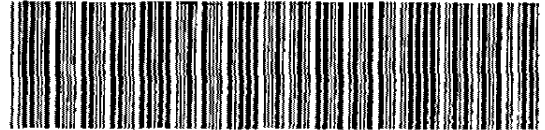
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

5/14  
Christ

**LAW OFFICES  
MICHAEL LAPAT**

3300 University Drive  
Suite #311  
Coral Springs, Florida 33065  
(888) 263-4774  
(954) 344-0288 (fax)

11 South LaSalle Street  
Suite # 1500  
Chicago, Illinois 60603  
(312) 641-3723

Please Reply to Florida Office

April 30, 2004

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: Hurricane Capital Partners, Ltd.	\$1,846.25
Hurricane Capital Management, LLC	\$ 160.00
<u>Hurricane Capital Advisors, LLC</u>	<u>\$ 160.00</u>
	<u>\$2,166.25</u>

Dear Sir or Madam:

Enclosed herein please find a Certificate of Limited Partnership and Articles of Organization for the above referenced LLC's.

Also enclosed is one check in the amount of \$2,166.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,

*Michael Lapat/kc*  
Michael Lapat

ML/kc  
enclosure

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hurricane Capital Advisors, LLC  
(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:

MICHAEL LAPAT  
(Name of Person)

LAW OFFICE OF MICHAEL LAPAT  
(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311  
(Address)

CORAL SPRINGS, FLORIDA 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTINE COBBAN at ( 954 ) 345-6442  
(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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hurricane Capital Advisors, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13 Bellevue Drive

Treasure Island, FL 33706

**Mailing Address:**

13 Bellevue Drive

Treasure Island, FL 33706

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

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

Henry Tyler

Name

13 Bellevue Drive

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

Treasure Island


FLORIDA 33706

City, State, and Zip

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*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

**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 \_\_\_\_\_

Henry Tyler

13 Bellevue Drive

Treasure Island, FL 33706

\_\_\_\_\_

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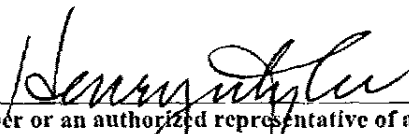
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**NOTE:** An additional article must be added if an effective date is requested.

**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.)

Henry Tyler

\_\_\_\_\_  
Typed or printed name of signer

**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)