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- (Requ	estor's Name)	
- (Addr	ess)	<del></del>
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(City/S	state/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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## 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 Hurricane Capital Advisors, LLC \$ 160.00 \$2,166.25

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 expy feed 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

ML/kc enclosure

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Hurricane Capital Management, 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)	TAL SE		
For further information concerning this matter, please call:	LAHAS	04 MAY -7	
KRISTINE COBBAN at (954 ) 345-6442	ÄŞ. Y		
(Name of Person) (Area Code & Daytime Telephone Number)	'		
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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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tue rivining an	idless and siteel address of the	orincipal office of the Limited Liability Co	ompan
Principal Offic	ce Address:	Mailing Address:	
13 Bellevue Driv	е	13 Bellevue Drive	
Treasure Island,	, FL 33706	Treasure Island, FL 33706	
		d Office, & Registered Agent's Signatu registered agent are:	ıre:
	the Florida street address of the Henry Tyler	registered agent are:	re: 04 HJ
	the Florida street address of the	registered agent are:	re: 04 MAY -
	the Florida street address of the  Henry Tyler  Nam  13 Bellevue Drive	registered agent are:  TALLAHASSE	04 MAY -7
	the Florida street address of the  Henry Tyler  Nam  13 Bellevue Drive	O. Box NOT acceptable)	Hd L-AWH 10
	Henry Tyler  Nam  13 Bellevue Drive  Florida street address (P	O. Box NOT acceptable)  FLORIDA 33706	04 MAY -7
	Henry Tyler  Nam  13 Bellevue Drive  Florida street address (P	O. Box NOT acceptable)  FLORIDA 33706	04 MAY -7 PH 3:

Page 1 of 2 (CONTINUED)

ARTICLE IV	- Manager(s) o	r Managing	Member(s):
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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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	TAu:
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	AS T
(Use attachment if necessary)	SEE. T
	added if an effective date is requested:
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	. —
Henright	Lu
Signature of a member of an au	porized representative of a member.
	08(3), Florida Statutes, the execution firmation under the penalties of perjury :.)
Henry Tyler	

\$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)

Typed or printed name of signee