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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGGRESSIVE 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:

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY
SUITE 102E
BOCA RATON, FL 33431

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY
SUITE 102E
BOCA RATON, FL 33431

For further information concerning this matter, please call:

Steven G. Miller, Esquire at (561) 367-7785
(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

#125-
ENCLOSED

Thank you!

7.21.04

2004 JUL 23 A 11:20
SECRETARY
TALLAHASSEE

FILED

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

FILED
2004 JUL 23 A 11:20
SECRETARY OF STATE
TALLAHASSEE

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGGRESSIVE CAPITAL MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

6270 N.W. 42nd Way

Boca Raton, FL 33496

Mailing Address:

6270 N.W. 42nd Way

Boca Raton, FL 33496

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

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

David E.F. Adams

Name

6270 N.W. 42nd Way

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

Boca Raton FLORIDA 33496

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..

David E.F. Adams

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

David E.F. Adams

6270 N.W. 42nd Way

Boca Raton, FL 33496

MGRM

Brian Sherman

6270 N.W. 42nd Way

Boca Raton, FL 33496

MGRM

Blake Levine

6270 N.W. 42nd Way

Boca Raton, FL 33496

MGRM

Timothy Calcaagno

6270 N.W. 42nd Way

Boca Raton, FL 33496

(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.)

David E.F. Adams

Typed or printed name of signee