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Division of Corporations

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Florida Department of State

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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

Division of Corporations

Fax Number : (850) 205-0383

Account Name : BLAXBERG & GRAYSON, P.A.

Account Number : I19990000119

Phone : (305) 381-7979

Fax Number : (305) 371-6816

LIMITED LIABILITY COMPANY

LCPS Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: LCPS Investments, 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:

Moises T. Grayson, Esq.

(Name of Person)

Blaxberg, Grayson, Kukoff & Segal, P.A.

(Firm/Company)

25 SE 2nd Avenue, Suite 730

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Moises T. Grayson

(Name of Person)

at (305) 379-2300

(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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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LCPS Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:

711 Fifth Avenue

New York, NY 10022

Mailing Address:

100 Lincoln Road, Apartment 1633

Miami Beach, Florida 33139

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

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

Moises T. Grayson, Esq., Blaxberg, Grayson, Kukoff & Segal

Name

25 SE 2nd Avenue, Suite 730

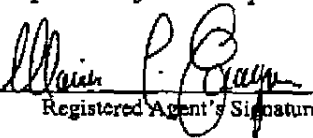
Florida street address (P.O. Box NOT acceptable)

Miami

FLORIDA 33131

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..


Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member ~~is as follows~~ **SEATTLE, WASHINGTON OF STATE
TALLAHASSEE, FLORIDA**

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Philip Scaturro

1455 Ocean Drive, Apt. 1108

Miami Beach, Florida 33139

MGMR

Luis Contreras

100 Lincoln Road, Apt. 1633

Miami Beach, Florida 33139

(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.)

Luis Contreras

Typed or printed name of signee

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)