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SECRETA (Requestor's Name) TALLAHAS	STATE SEE, FLORE ():	
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## TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations 2005 JAN 14 P 5: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA SUBJECT: AG 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 Offices 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 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: **Ø** \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

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

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MICHES OF CHOIL MEETICAL TOR TE	JAN IL
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY TALLAHASSE
AG Capital Advisors, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
351 Channelside Walk Way, # 4404	351 Channelside Walk Way, #4404
Tampa, Florida 33602	Tampa, Florida 33602
ARTICLE III - Registered Agent, Registered	
Asim Ghaffar	
Name	
351 Channelside Walk Way, #	4404
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Tampa, Florida 33602	FL
City, State, a	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, F.S..

Registered Agent's Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

The name and address of each Manag	of of Managing Member is as follows	riled
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2005 JAN 14 P 5: 1
MGR	Asim Ghaffar 351 Channelside Walk Way, #4404 Tampa, Florida 33602	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Use attachment if necessary)		-
`		
NOTE: An additional article must	be added if an effective date is requ	ested.
REQUIRED SIGNATURE:		
(In accordance with sec	r or an authorized representative of a men etion 608.408(3), Florida Statutes, the executi tutes an affirmation under the penalties of pe erein are true.)	on

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)

Asim Ghaffar

Typed or printed name of signee