

APR 06 2005 09:11
DIVISION OF CORPORATIONS

PROSKAUER ROSE LLP

561 995 4751

561 241 7145

0080418 F 01/02

H05000083528

L050000033593

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000083528 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561) 995-4751
Fax Number : (561) 241-7145

FILED
2005 APR - 6 AM 10:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
05 APR - 6 PM 10:50
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
FAULKNER CAPITAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN APR - 7 2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAULKNER CAPITAL MANAGEMENT, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 100 S. Birch Road, Suite 1001, Fort Lauderdale, FL 33316.


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

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

Corporate Creations Network, Inc.
11380 Prosperity Farms Road, Suite 221E
Palm beach Gardens, FL 33410

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


Signature of a member or 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.)

J. Douglas Faulkner, Member
Typed or printed name of signer