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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dolphin Capital Group, L.L.C.		
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are surplease return all correspondence concerning this matter		
Evan B. Buck		
	Name of Person)	
The second secon	AND SECURITY OF THE SECURITY O	
Dolphin Capital Group, L.L.C.		
	Firm/Company)	
1090 Kane Concourse		
	(Address)	
Bay Harbor Islands, FL 33154 (City/State and Zip Code)		
For further information concerning this matter, please of	call:	
Evan B. Buck	at ( 305 ) 866-5422	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee   ☑ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section $\omega$ Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Dolphin Capital Group, L.L.C.		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1090 Kane Concourse	1090 Kane Concourse	
Bay Harbor Islands, FL 33154	Bay Harbor Islands, FL 33154	
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:	
ZINCELLIA TEGENOLOGISTO	or orner, at register of regular 5 segmentary	
The name and the Florida street address of the	ne registered agent are:	
Evan B. Buck		
Na	me	
1090 Kane Concourse		
Florida street	address (P.O. Box NOT acceptable)	
Bay Harbor Islands, FL 33	154 <sub>FL</sub>	
City, State, and Zip		
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.	
Registered Age	ent's Signature	

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Evan B. Buck
	1090 Kane Concourse
	Bay Harbor Islands, FL 33154
MGRM	Pauline K. Buck
	1090 Kane Concourse
	Bay Harbor Islands, FL 33154
	<u></u>
(II-a attack	

(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.)

Evan B. Buck

Typed or printed name of signee

### 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)