0500053473 OFforida 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.

(((H05000133608 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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

capital holdings group, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 3 1 2005

Electropic Filing Menu

Comporate Filing

Public Access Help

크게[네시크

92:41 S002-92-XUW





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CAPITAL HOLDINGS GROUP, LLC



ARTICLE I

The name of the Limited Liability Company shall: CAPITAL HOLDINGS GROUP, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1209 NE 17TH AVENUE, FORT LAUDERDALE, FL 33304

ARTICLE IV

The name of the Managing Member(s) for this company shall be: Managing Members
JEFFREY KOENKE
PETER KEMP

ARTICLE V

The name and the Florida street address of the registered agent: PETER KEMP, 1209 NE 17TH AVENUE, FORT LAUDERDALE, FL 33304

H05000133608

EQ.9 JATOT

HU50001336008

APTINE HELDINGS GROUP, LLC

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

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.)

Typed or printed name of signer

HOSOO133408