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2006 JAN 27 PM 2:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1 BRYAN FEB -6 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: METRO CAPITAL FUNDING, 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:

RICHARD FRUSINA  
(Name of Person)

METRO CAPITAL FUNDING, LLC  
(Firm/Company)

6820 QUEENFERRY CIRCLE  
(Address)

BOCA RATON, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD FRUSINA at (561) 756-5855  
(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 & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

METRO CAPITAL FUNDING, LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "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:**

6820 QUEENFERRY CIRCLE  
BOCA RATON, FL 33496 (SAME)

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RICHARD FRISINA  
Name

6820 QUEENFERRY CIRCLE  
Florida street address (P.O. Box **NOT** acceptable)  
BOCA RATON FL 33496  
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, F.S.*

Richard Frisina  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

RICHARD FRISINA  
6820 QUEEN FERRY CIRCLE  
BOCA RATON, FL 33496

ROBERT A. TWINICK  
5687 VINTAGE OAKS CIRCLE  
DELRAY BEACH, FL 33484

SCOTT LURIE  
703 W HADDONSTONE PLACE  
MEQUON, WI 53092

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

RICHARD FRISINA  
\_\_\_\_\_  
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)