

BLUMBERG/EXCELSIOR

Fax: 988-32-9256

May 23, 2006

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**L06000053389**

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 23 AM 10:59

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Private Capital Group FL LLC**

RECEIVED

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DIVISION OF CORPORATIONS

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

Justin T. Reed  
BlumbergExcelsior Corporate Services, Inc.  
62 White Street  
New York, NY 10013

H060001410993

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Private Capital Group FL LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

One Old Country Road  
Carle Place, NY 11514

**Mailing Address:**

One Old Country Road  
Carle Place, NY 11514

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

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

Larry Cline

Name

9350 Conroy Windermere Road

Florida street address (P.O. Box NOT acceptable)

Windermere, FL 34788

FL

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.*

  
Registered Agent's Signature

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

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

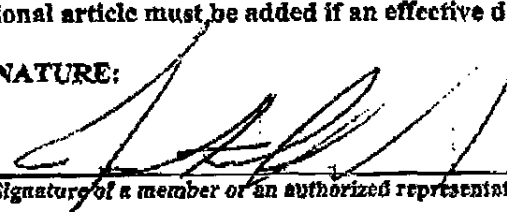
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMLarry Cline9350 Conroy Windermere RoadWindermere, FL 34786\_

(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.)

Justin T. Reed, Organizer

Typed or printed name of signer

**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)**

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