

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.

(((H070000979893)))



H070000979893ABCG

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

lei capital, llc

Certificate of Status		0	
Certified Copy	trustust	1	
Page Count	!	04	
Estimated Charge		\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

H07000097989

ARTICLES OF ORGANIZATION OF FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE !- Name:

The name of the Limited Liability Company is:

LEI CAPITAL, LLC

ARTICLE !! -- Address:

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

1905 N. Ocean Blvd., Apt. 7F Fort Lauderdale, FL 33305

ARTICLE III -- Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV — Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and
address(es) of such manager(s) who islare to serve as manager(s) islare:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are;

LEILA VAZIRI 1905 N. Ocean Blvd., Apt. 7F Fort Lauderdale, FL 33305

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

reserved for the owner/manager to determine.

ARTICLE VI -- Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continualife business

MAPR 13 AM 10: 54
SECRETARY OF STATE

HPR-13-2007 15:57 0 EMPIRE

on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

reserved for the remaining member(s) of this LLC to determine by unanimous consent.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to

be my act this 9" day of April 2007.

Signature of an authorized representative of a member executing the Articles of Organization.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey Feinberg
Typed or printed name of signee

Prepared By: Jeffrey Feinberg, Esquire FAN# 275700 4000 Hollywood Blvd., Suite 350-N Hollywood, FL 33021 (954) 962-8889

2007 APR 13 AM 10: 55
SECRETARY OF STATE
TALL AHASSEF FI OBIN

H0700009 1484

Form 4-17 Registered Agent/Registered Office

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LEI CAPITAL, LLC

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

Jeffrey Feinberg 4000 Hollywood Boulevard, Suite 360-N Hollywood, FL 33021

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.

(Signature)

F: WPICORPORATILE! CAPITALLLC.wpd

SECRETARY OF STATE

HER-13-SOOT TE:ST PENDIKE