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## **COVER LETTER**

Division of Corporation	ons		
SUBJECT: H & M Cap	ital Funding G	roup, LLC	
		d Liability Company)	
The enclosed Articles of Organ	ization and fee(s) are s	submitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
Larry Moskow	itz		
	(	Name of Person)	2
Moskowitz & [			OT JUL -2 PH 3: 28
		(Firm/Company)	T PHY
4780 Davie R	Road Suite 10	· · · · · · · · · · · · · · · · · · ·	2 PH
		(Address)	يَّ بِي
Fort Lauderd	ale Florida 3	3314	28
	(City	/State and Zip Code)	-
For further information concern	ing this matter, please	call:	
Larry Moskowitz		at (954 ) 797-799	90
(Name of Perso	on)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the fo	ollowing amount:		
<del></del>	30.00 Filing Fee & ficate 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)
Regis Divis P.O.	ing Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:			
H & M Capital Funding Group, LLC			
(Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4780 Davie Road Suite 100	4780 Davie Road Suite 100		
Fort Lauderdale Florida 33314.	Fort Lauderdale Florida 33314		
business entity with an active Florida registration.)  The name and the Florida street address of the re  Moskowitz & Dennis, LLC  Name	P.L.LC.		
4780 Davie Road Suite 1	ess (P.O. Box NOT acceptable)		
	22244 200 ACCEPTABLE) 22244		
Fort Lauderdale City, State, an	FL GOOTT		
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Mark Hanna,MGR	3800 S. Ocean Drive #612A	<u>,,</u>
	Hollywood, Florida 33019	<del></del>
Larry Moskowitz,MGR	4780 Davie Road Suite 100	
**************************************	Fort Lauderdale Florida 33314	
		· <del></del>
		ر ایا ایا
<del></del>		
(Use attachment if necessary)		
LE V: Effective date, if other than the de	te of filing: (	OPTIONA
fective date is listed, the date must be sides days after the date of filing.)	pecific and cannot be more than five bu	isiness day:
REQUIRED SIGNATURE:		
Signature of a member o	r an authorized representative of a member.	
· · · · · · · · · · · · · · · · · · ·	n 608.408(3), Florida Statutes, the execution	

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)