

L0700009/468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

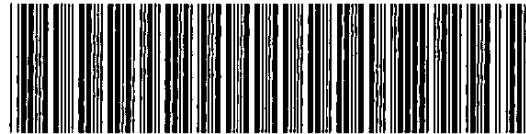
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/05/07--01025--025 **1362.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP -5 PM 12:01

BLT

LAW OFFICES
Reichstein and Lapat
an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

August 27, 2007

Registrations Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: L'Argent Capital, L.P.	\$1000.00
Certified Copy	\$ 52.50
L'Argent Capital Management, LLC	\$ 125.00
Certified Copy	\$ 30.00
L'Argent Capital Advisors, LLC	\$ 125.00
Certified Copy	\$ 30.00
	<hr/> \$1362.50

Dear Sir or Madam,

Please find enclosed Articles of Organization and a Certificate of Limited Partnership for the above-referenced entities. Additionally enclosed is a check in the sum of \$1362.50 representing the fees associated with these filings.

Please process accordingly and return to this office file-stamped copies as receipt thereof. A self-addressed, stamped envelope is enclosed for your convenience.

Should you have any questions, please contact the undersigned.

Regards,


Cecilia Garcia

cg
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L'Argent Capital Management, 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:

Ashley Hersutamto

(Name of Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Hersutamto

(Name of Person)

at (954) 345-6442

(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

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

The name of the Limited Liability Company is:

L'Argent Capital Management, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3300 University Drive, Suite 311
Coral Springs, FL 33065

Mailing Address:

3300 University Drive, Suite 311
Coral Springs, FL 33065

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:

Business Filings Incorporated

Name

1203 Governor's Square Blvd., Ste. 101

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

Tallahassee FL 32301-2960

City, State, and Zip

07 SEP - 5 PM 12:01
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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.

Mary Jo Spalinger, Asst. Sec. for:

Registered Agent's Signature (REQUIRED)

Business Filings Incorporated

(CONTINUED)

Page 1 of 2

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:

MGR

Anthony Ribeiro

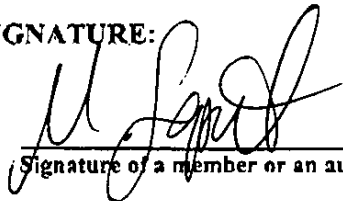
3300 University Drive, Suite 311

Coral Springs, FL 33065

(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.)

Michael Lapat

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)