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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Brotman Capital Management LLC

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # 4080000066103

ARTICLES OF ORGANIZATION OF Brotman Capital Management LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Brotman Capital Management LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 19210 N. Creekshore Court, Boca Raton, Florida 33498.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Dr. Randy Brotman, 19276; North-Creekshore Court, Boca Raton, Florida 33498. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Dr. Randy Brotman, 19210 N. Creekshore Court, Boca Raton, Florida 33498

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: January 2, 2008

WI 53717 (608) 827-5300

FAX AUDIT # #0800000 65103

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Brotman Capital Management LLC

The name and address of the registered agent and office is Randy Brotman, 19210 North Creekshore Court, Boca Raton, Florida 33498. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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

Dr. Randy Brot

Date:

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