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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF CORPORATIONS

# **COVER LETTER** -

TO: Registration Section Division of Corporations
SUBJECT: PRINCIPLE CAPITAL MANAGEMENT, LLC
SUBJECT: PRINCIPLE 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:
JULIE HANCOCK
(Name of Person)
LAW OFFICES OF MICHAEL LAPAT
(Firm/Company)
3300 UNIVERSITY DRIVE SUITE 311
(Address)
CORAL SPRINGS FL 33065
(City/State and Zip Code)
For further information concerning this matter, please call:
JULIE HANCOCK at ( 954 ) 345-6442
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

# 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)

Please Reply to Florida Office

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

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

January 23, 2008

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: PRINCIPLE CAPITAL MANAGEMENT, LLC

Including Certified Copy of LLC \$ 155.00

Expedited Service Fee not available for Florida PRINCIPLE CAPITAL ADVISORS, LLC

Including Certified Copy of LLC\$ 155.00\$ 310.00

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$310.00** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards,

enclosure

é Hancock

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

### PRINCIPLE 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:	Mailing Address:
2212 NW 129TH AVE.	2212 NW 129TH AVE.
PEMBROKE PINES FL 33028	PEMBROKE PINES FL 33028
-	

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:

City, State, and Zip
PEMBROKE PINES FL 33028
Florida street address (P.O. Box NOT acceptable)
2212 NW 129TH AVE.
Name
RODNEY D. McCLAIN

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

GR	RODNEY D. McCLAIN
	2212 NW 129TH AVE.
	PEMBROKE PINES FL 33028
Use attachment if necessary)	
<b>EV:</b> Effective date, if other than th	te date of filing: (OPTIC be specific and cannot be more than five business

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.)

## RODNEY D. McCLAIN, Manager

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)