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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

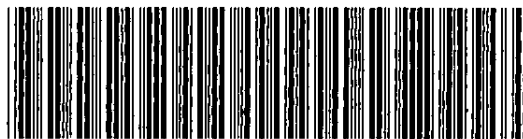
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 12 2008

EXAMINER

LAW OFFICES OF WILLIAM W. SYDNOR

Member Florida State Bar

696 Remington Oak Drive
Lake Mary, Florida 32746
(407) 321-1694

September 8, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: *Florida Investors Capital LLC*

Dear Sirs:

Enclosed please find the Articles of Organization (and one true copy) and the \$130 filing fee for the above referenced Limited Liability Company. If all is in order, please forward to our attention the Certificate of Status as soon as possible. Thank you for your attention to this matter and please do not hesitate to contact us should you need anything further.

Sincerely,



William W. Sydnor, Esq.

Cc. Manny Leon

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FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Investors Capital 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:

1110 Douglas Avenue, Suite 2000
Altamonte Springs FL 32714

Mailing Address:

same

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:

Manny Leon

Name

1110 Douglas Avenue, Suite 2000

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

Altamonte Springs FL 32714

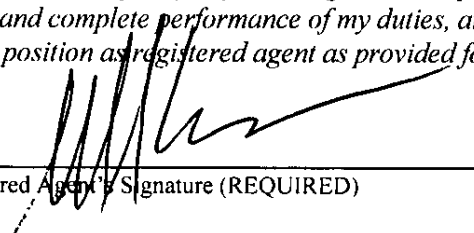
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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:

MGMR

Manny Leon

1110 Douglas Avenue, Suite 2000

Altamonte Springs FL 32714

(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.)

Manny Leon

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)

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TALLAHASSEE, FLORIDA

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