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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	A. LUNT
	SEP 2 6 2008
	EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 SEP 25 P 1: C

COVER LETTER

	tion Section of Corporations			
SUBJECT:	SPINNAKER (Name of Limited	CORPORATE F	INAME &LC	
	(Ivanie of Linned	Liability Company)	25	
The enclosed Arti	cles of Organization and fee(s) are su	bmitted for filing.	FOR D	
Please return all correspondence concerning this matter to the following:				
EDI	NUND SWEE	NEG ame of Person)	y	
_5/1		PORATE FIN im/Company)	PANCE, LLC	
740	S. ORLANDO	AVE UN (608	
	O Coa Beach	FLORIDA tate and Zip Code)	32931	
For further information Edmuna	stion concerning this matter, please can be supported by the support of the suppo	(Area Code & Daytime Te	-8866	
Enclosed is a chec	ck for the following amount:		/	
\$125.00 Filing F	ee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \[\bigcip_{\text{additional copy is enclosed}} \]	\$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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
SPINNAKER CORPORATE FINANCE, 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:				
300 South Pointe Drive M46 S. ORLANDO AUE UNIT 1405 UNIT 608 MAMI BEACH, FL 33139 COCOG Beach FL 32931				
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: Community Company Community Comm				
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				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MG-RM	Edmund Sweeney 146 S. ORLANDO AVE #608		
MGRM	MARTIN FIASCONE 300 South Pointe Dr. # 1405 MIAMI BEACH, FC33139		
	TALLA		
(Use attachment if necessary)	ASSEE, FLORE TO THE STATE OF S		
ARTICLE V: Effective date, if other than the date of filing:			
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.		
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)		

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)

Typed or printed name of signee