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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EDWARDS, ANGELL, PALMER & DODGE, LLP
Account Number : 075410001517
Phone : (561) 833-7700
Fax Number : (561) 655-8719

FILED
2009 MAY -5 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 MAY -5 PM 3:44
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NS Vanquish Capital Markets Group LLC

Certificate of Status	0
Certified Copy	1
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C. LEWIS

MAY -6 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NS Vanguish Capital Markets Group 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:407 SE 1st Street
Delray Beach, FL 33483Mailing Address:777 E. Atlantic Ave.
Suite C-2 #269
Delray Beach, FL 33483

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:

Angell Corporate Services, Inc.

Name

One North Clematis Street, Suite 400Florida street address (P.O. Box NOT acceptable)West Palm Beach, 33401 FL

City, State, and Zip

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..

Angell Corporate Services, Inc.



Registered Agent's Signature (REQUIRED)

Gary A. Woodfield, Vice President

(CONTINUED)

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRTCS Management LLC777 E. Atlantic Ave., Suite C-2 #299Delray Beach, FL 33483______________________________

(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.)

Vicki Brew

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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