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SECRETARY OF STATE
AND ANASSEE, FLORID.

J. BRYAN

SEP - 1 2010

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

| Division of Co            | orporations   |   |   |  |
|---------------------------|---|---|---|--|
| SURJECT: Capital          | Funding Solutions Gro   | up LLC  |   |  |
| Sebuler.                  |   | ted Liability Comp                                  | any   |  |
| The enclosed Articles of  | of Organization and fee(s) are  | submitted for filin                                 | g.  |  |
| Please return all corresp | oondence concerning this mat  | ter to the following                                | g:  |  |
| Greg Curley               |   |   |   |  |
| ,                         |   | Name of Person                                      |   |  |
| Capital Fundi             | ng Solutions  |   |   |  |
|                           |   | Firm/Company  |   |  |
| 330 N. Andre              | ws Avenue, Suite 101  |   |   |  |
|                           |   | Address   | ***   | AECR A   |
| Ft. Lauderdal             | e, FL 33301   |   |   | AHAS S   |
|                           |   | ty/State and Zip Code                               | 2   | SEE.   |
| gregc@cfsfur              |   |   |   | 一  |
| For further information   | E-mail address: (to be used concerning this matter, pleas   | •   | ort notification)   | MIN: 02  |
| Greg Curley               |   | at ( 954  | 525-1311  |  |
| Name                      | of Person   | _   | & Daytime Telep   | ohone Number   |
| Enclosed is a check for   | or the following amount:  |   |   |  |
| □\$125.00 Filing Fee      | □\$130.00 Filing Fee & Certificate of Status  | ■\$155.00 Filin<br>Certified Co<br>(additional cop. | py ,  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                           | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat<br>Division<br>Clifton E<br>2661 Exe      | ourier Address ion Section of Corporations uilding ecutive Center C see, FL 32301 |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is  | :  |
|---|--|
| Capital Funding Solutions Group LLC (Must end with the words "Limited Liab  | ility Company, "L.L.C.," or "L.L.C.")  |
|   | my company, E.E.C., or EEC.  |
| ARTICLE II - Address: The mailing address and street address of the p   | rincipal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 330 N. Andrews Avenue, Suite 101  | 330 N. Andrews Ave, Suite 101  |
| Ft. Lauderdale, FL 3330   | Ft. Lauderdale, FL 33301   |
|   |  |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | stered Agent. You must designate an individual or another  |
| The name and the Florida street address of the  | registered agent are:  |
| Greg Curley   | AU F   |
| Name  | AAS CALL   |
| 330 N. Andrews Avenue   | , Sutie 101  |
| Florida street ad   | idress (P.O. Box NOT acceptable)   |
| Ft. Lauderdale  | Iddress (P.O. Box NOT acceptable)  FL 33301  State and Zin   |
| City, S   | itate, and Zip   |
| liability company at the place designated in<br>registered agent and agree to act in this capac<br>statutes relating to the proper and complete p           | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered 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:                    |  | Name and Address:  |                     |        |          |
|---------------------------|--|--|---------------------|--------|----------|
| "MGR" = Man<br>"MGRM" = M | ager<br>anaging Member   |  |                     |        |          |
| MGRM                      |  | Greg Curley  |                     |        |          |
| 7                         |  | 330 N. Andrews Avenue, Suite 101   | •                   |        |          |
|                           |  | Ft. Lauderdale, FL 33301   |                     |        |          |
| MGRM                      |  | Greg Porter  |                     |        |          |
|                           | <del></del>  | 330 N. Andrews Avenue, Suite 101   |                     |        |          |
|                           |  | Ft. Lauderdale, FL 33301   |                     | ı      |          |
| MGRM                      |  | Brad Zinn  |                     |        |          |
|                           | <del></del>  | 330 N. Andrews Avenue, Suite 101   |                     |        |          |
|                           |  | Ft. Lauderdale, FL 33301   |                     |        |          |
|                           |  |  | ٠                   |        |          |
|                           |  |  |                     |        |          |
|                           |  |  |                     |        |          |
|                           | isted, the date must b<br>date of filing.)                             | e date of filing: ( e specific and cannot be more than five bu   | (OPTIO<br>isiness ( |        |          |
|                           | 4  | A. A.  |                     |        |          |
|                           | Signature of a member  | er or an authorized representative of a member.  | SE                  | 10     |          |
|                           | (In accordance with secof this document const that the facts stated he | ction 608.408(3). Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.) | CRETA               | AUG 3  | <u> </u> |
|                           | Greg Curley  |  | m<br>m              |        | Щ        |
|                           | Ту   | ped or printed name of signee  |                     | $\geq$ | D        |
| Filing Fee                | <u>:s:</u>   |  | IATE<br>ORID,       | II: 0: |          |

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)