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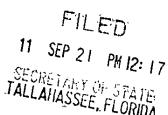
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TALLAMASSEE, FLORIDI

COVER LETTER

Registration Section
Division of Corporations

SHRIE	CT: Alvyn H	Herrick Advisors, LLC	•					
	···	(Name of Limite	d Liability	Comp	any)	. ·		
The enc	losed Articles o	f Organization and fee(s) are s	ubmitted f	or filin	g.			
		ondence concerning this matte			-			
	·	-						
	Robert P. E		Name of Pe	erson)				
	Alvvn Herri	ck Advisors, LLC						
			Firm/Comp	pany)				
	2208 NW	3rd Avenue						
			(Addres	s)		·		
T V	Ft. Lauderdale, Florida 33311							
		(City	/State and 2	Zip Cod	e)			
For furth	ner information	concerning this matter, please	call:					
	t D. Darlear		054	,	609.051	0		
100nei	t P. Barker	of Person)	at (954) 608-051 le & Daytime 7	`elephone Number)		
		or the following amount:	_			_		
国 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	L \$15 Certific		iling Fee & y	\$160.00 Filing Fee, Certificate of Status &		
		•	(addition	al copy	is enclosed)	Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section	R	egistrat	ourier Addre ion Section			
		Division of Corporations P.O. Box 6327	Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301							

ARTICLES OF ORGANIZATION OF ALVYN HERRICK ADVISORS, LLC



Pursuant to Sections 407 of the Florida Limited Liability Company Act, Florida Statutes Chapter 608, the undersigned adopts the following
Articles of Organization.

ARTICLE I Name and Principal Place of Business

The name of this limited liability company shall be Alvyn Herrick Advisors, LLC. The principal place of business and the mailing address of the Limited Liability Company shall be 2208 NW 3rd Avenue, Ft. Lauderdale, Florida 33311.

ARTICLE II Purposes and Powers

This Limited Liability Company is organized for the purpose of engaging in any activity or business permitted under the laws of the United States and the State of Florida and shall have all of the powers authorized by the State of Florida for limited liability companies but shall remain subject to statutes and regulations of the laws of the State of Florida for regulating and controlling business.

ARTICLE III Registered Agent ant Registered Office

The name of the Limited Liability Company's initial registered agent is Robert P. Barker. The street address of the Limited Liability Company's initial registered office is 2208 NW 3rd Avenue, Ft. Lauderdale, Florida 33311.

ARTICLE IV Managing Members

This Limited Liability Company is to be managed by its initial members. The names and addresses of leach manager and managing member is as follows:

<u>Title</u>

Name and Address

Managing Member

Robert P. Barker 2208 NW 3rd Avenue Ft. Lauderdale, Florida 33311

instruments and documents for the acquisition, mortgage, deposition, conveyance, lease, sale or transfer of the personal property or real property of this Limited Liability Company may be executed on its behalf on or more of the managing members.

ARTICLE V Member Restrictions

Managing member(s) shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the Limited Liability Company.

A managing member's(s') interest in the Limited Liability Company may not be sold or otherwise transferred except with unanimous written consent of all members.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a managing member, or the occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company, the remaining members shall have the right to continue the business on the unanimous consent of the remaining managing members.

ARTICLE VI **Period of Duration**

This Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the regulations adopted by the managing members, and shall commence its existence upon filing these Articles.

ARTICLE VII Indemnification

Each person who is or was a managing member of the Limited Liability Company (and the heirs, executors, personal representatives, administrators, or successors of such person) who was or is made a party to, or is involved in any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of fact that such person is or was a managing member of the Limited Liability Company, shall be indemnified and held harmless by the Limited Liability Company to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition, the right to indemnification conferred in these Articles of Organization shall be a contract right.

ARTICLE VIII Amendment

The Limited Liability Company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment thereof, or any right conferred upon the managing members is subject to this reservation.

In accordance with Florida Statues Chapter 608.408(3), the undersigned hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Organization are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statues.

ROBERT P. BARKER Typed or Printed Name

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to Section 608.416(b) or 608.509 of the Florida Limited Liability Company Act, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

Alvyn Herrick Advisors, LLC

2. The name and address of the Limited Liability Company's registered agent and registered office is:

Robert P. Barker 2208 NW 3rd Avenue Ft. Lauderdale, Florida 33311

Having been named as the 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 provide for in Florida Statutes Chapter 608.

Signature of Pagistared Agent

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