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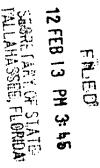
(Re	equestor's Name)			
(Ac	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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K.SALY EXAMINER FEB 1 4 2012

COVER LETTER

10.	Division of Corporations		
SUBJE	r: 7323 Merchant Court, LLC		
	Name of Limited Liability Company		
The encl	sed Articles of Organization and fee(s) are submitted for filing.		
Please re	urn all correspondence concerning this matter to the following:		
_	Barbara Bartmann		
	Name of Person		
_	Innovative Capital Advisors, LLC		
	Firm/Company		
10740 Nall Ave., Suite 215			
	Address		
	Overland Park, KS 66211		
_	City/State and Zip Code		
	barbarab@icadv.com		
	E-mail address: (to be used for future annual report notification)		
For furth	r information concerning this matter, please call:		
	Barbara Bartmann at (312) 768-7441 Name of Person Area Code & Daytime Telephone Number		
	Name of Person Area Code & Daytime Telephone Number		
Enclose	is a check for the following amount:		
\$125.0	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	1e:	
The name of the Lin	mited Liability Company is	s:
	7323 Merchant	Court II C
(Mu		bility Company," "L.L.C.," or "LLC.")
ARTICLE II - Add	dress:	
		principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
C/O Innovative Capital Advisors, LLC 10740 Nall Ave., Suite 215 Overland Park, KS 66211		C/O Innovative Capital Advisors, LLC 10740 Nall Ave., Suite 215 Overland Park, KS 66211
(The Limited Liability Co		ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the F	lorida street address of the	registered agent are:
	Samuel J. Ha	gan, IV, Esq.
	Nam	·
	1415 Hend	dry Street High 3
	Florida street address (P.O	O. Box NOT acceptable)
Fort Myers, FL 33901 FL		
	City, State,	and Zip
liability compan registered agent an statutes relating to	y at the place designated in d agree to act in this capact o the proper and complete p gations of my position as reg	o 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 issued agent as provided for in Chapter 608, F.S
	Registered Agent's Sign	nture (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ICA Mortgage Capital, LLC, an Illinois LL 10740 Nall Ave., Suite 215 Overland Park, KS 66211
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	r or an authorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
Authorized Type Filing Fees:	Agent Attorney -in - Fact bed orphinted name of signee
\$125.00 Filing Foo for Articles of Organ	winestion and Devianation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)