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COVER LETTER

'TO:

Registration Section
Division of Corporations

SUBJECT: Lauderdale Capital, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory R. Seward

Name of Person

Lauderdale Capital, LLC

Firm/Company

54 Isle of Venice Dr., #7

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

lauderdalecapital@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory R. Seward , 954 , 292-786

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Lauderdale Capital, LLC	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
54 Isle of Venice Dr., #7	54 Isle of Venice Dr., #7
Fort Lauderdale, Florida 33301	Fort Lauderdale, Florida 33301
The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration of the registration of the registration of the registration. Gregory R. Seward Name 54 Isle of Venice Dr., #7	ered Agent. You must designate an individual or another
Fort Lauderdale, FL 3330	 ·
	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGRM	Gregory R. Seward 54 Isle of Venice Dr., #7	
		Fort Lauderdale, Florida 33301	
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	(Use attachment if necessary)	HASSE	iller d Lilen
(If an	CLE V: Effective date, if other than the da effective date is listed, the date must be o or 90 days after the date of filing.)	te of filing: (OPTIONAL) e specific and cannot be more than five business days.	Î
	REQUIRED SIGNATURE:	7	
	Signature of a member or	r an authorized representative of a member.	
	constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)	
	Gregory R. Seward		
	Typed	or printed name of signee	
	Filing Face:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)