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**FLORIDA LIMITED LIABILITY CO.
Regal Point Capital Management, LLC**

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FAX AUDIT # H130000418863

**ARTICLES OF ORGANIZATION
OF
Regal Point Capital Management, LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: Regal Point Capital Management, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
6735 Conroy Rd, Suite #302, Orlando, Florida 32835.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Vijay Marolia, 6735 Conroy Rd, Suite #302,
Orlando, Florida 32835. Located in the County of Orange.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and
address of the manager of the Limited Liability Company is:
Vijay Marolia, 6735 Conroy Rd, Suite #302, Orlando, Florida 32835


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

Date: February 13, 2013

FAX AUDIT # H130000418863

FAX AUDIT # H130000418863CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Regal Point Capital Management, LLC

The name and address of the registered agent and office is Vijay Marolia, 6735 Conroy Rd, Suite
#302, Orlando, Florida 32835. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Vijay Marolia

Date: _____

2/21/13

FAX AUDIT # H130000418863