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(((H130002171983)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

\*\*Enter the email address for this business entity to be used for future \_annual report mailings. Enter only one email address please.\*\* Email Address:

## FLORIDA LIMITED LIABILITY CO. RCB CAPITAL MANAGEMENT, LLC

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ARTICLE I - Name:

## H13000217188

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
RCB CAPITAL MANAGE  (Must end with the words "Limited Liability")	MENT LLC ity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
8240 NW 6674 STREET DOLAL, FI 33166	BOHO NO SCHISTREET DORAL, EL 33166				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another				
The name and the Florida street address of the registered agent are:					
ROBERT C BARA Name	<i>M</i> 1				
BOHO NO SOTH	STRET				
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)				
City, State,	FL 83166				
beau.					

Having been named as 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 possions registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
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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" = Manage "MGRM" = Mana			
	MGRM	<del></del> .	ROBERT C GARANY BAND NO 35TH STREET DORAL FL 33166	·
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				<del></del> .
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•				
		<u>.</u>		_ <del></del>
	. (Use attachment	if necessary)		
(If an	ICLE V: Effective effective date is lis 90 days after the d	sted, the date must be s	ate of filing: (Cospecific and cannot be more than five bus	PTIONAL) Iness days prior
	<u>required</u> si	GNATURE:		
4		Signature of a member	or an adhorized representative of a member.	
	•	In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	
•		ROBELTC	ed or printed name of signee	
		тур	ed or bitities nerite or signee	

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