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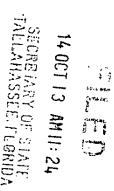
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то:	Registration Division of	1 Section Corporations		
SUBJI	ECT: <u>Panthe</u>	er Capital, LLC Name of Lir	nited Liability Company	
		s of Organization and fee(s) a	_	
	<u>Aaron A</u>		Name of Person	
	Aaron S	. Adler, P.A.	Firm/Company	
	<u>19024 S</u>	kyridge Circle	Address	
	Boca Ra	ton, FL 33498	City/State and Zip Code	
_a;	aronadler1@g	nmail.com E-mail address: (to be use	d for future annual report notific	ation)
For fu	ther information	on concerning this matter, plea	ase call:	
Aaror	Adler Nai	ne of Person	561) <u>982-3452</u> Area Code Daytime Te	elephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	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)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
Panther Capital, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19024 Skyridge Circle Boca Raton, FL 33498	19024 Skyridge Circle Boca Raton, FL 33498
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Aaron S. Adler, P.A.	
Name	
19024 Skyridge Circle Florida street address (P.O. Box	NOT acceptable)
Boca Raton	FL 33498
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in FG05, F.S
Cha	A SEUT
Registered Agent's Signatu	ure (REQUIRED)
(CONTINUE	SSEE OF AN IT
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Aaron Adler 19024 Skyridge Circle Boca Raton, FL 33498	
AMBR	Jason Adler 19024 Skyridge Circle Boca Raton, FL 33498	
AMBR	Lawrence Adler 19024 Skyridge Circle Boca Raton, FL 33498	
(Use attachment if necessary) RTICLE V: Effective date, if other than the d f an effective date is listed, the date must be the date of filing.) RTICLE VI: Other provisions, if any.	date of filing: October 9, 2014. (OPTIONAL) especific and cannot be more than five business days prior to or 90 da	ıys afte
		
	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this deciment	
constitutes an affirmation u I am aware that any false in	inder the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	44
constitutes an affirmation u I am aware that any false in	inder the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	decine Garan Januar

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-