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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Section Division of Corporations | |
|---------------------|--|--|
| SUBJEC [*] | Intangible Leverage, PLLC | |
| SOBILE | Name of Limited Liability Company | |
| The enclo | sed Articles of Organization and fee(s) are submitted for filing. | |
| Please reti | urn all correspondence concerning this matter to the following: | |
| | Alberto Interian III | |
| | Name of Person | |
| | Lipscomb, Eisenberg & Baker, PL | |
| | Firm/Company | |
| | 2 S. Biscayne Blvd. PH 3800 | |
| | Address | |
| | Miami, FL 33131 | |
| | City/State and Zip Code dros@lebfirm.com; ainterian@lebfirm.com; klipscomb@lebfirm.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further | information concerning this matter, please call: | |
| | Alberto Interian III 786 431-2228 at (| |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclosed i | is a check for the following amount: | |
| 7 \$125.00 F | Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED 16 APR -7 FH 2: 29

March 7, 2016

ALBERTO INTERIAN III 2 S. BISCAYNE BLVD. PH 3800 MIAMI, FL 33131

SUBJECT: INTANGIBLE LEVERAGE, PLLC

Ref. Number: W16000016880

We have received your document for INTANGIBLE LEVERAGE, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

850-245-6052

Letter Number: 816A00004661

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www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

| ARTICLE I - Name | A | R | П | CI | Æ | ١. | N | am | ıe |
|------------------|---|---|---|----|---|----|---|----|----|
|------------------|---|---|---|----|---|----|---|----|----|

The name of the Limited Liability Company is:

16 APR -7 PU 2: 29

Intangible Leverage, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|-----------------------------|-----------------------------|
| 2 S. Biscayne Blvd. PH 3800 | 2 S. Biscayne Blvd. PH 3800 |
| Miami, FL 33131 | Miami FL 33131 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Lipscomb, Eisenber | g & Baker, PL | |
|-----------------------|-----------------------------------|------------|
| | Name | |
| 2 S. Biscayne Blvd., | , PH 3800 | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| Miami | FL | 33131 |
| City | State | Zip |

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 position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

For Lipscomb, Eizenberg & Baker PL (CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager AMBR | Lipscomb, Eisenberg & Baker, PL 2 S. Biscayne Blvd. PH 3800 Miami, FL 33131 |
| | |
| | |
| | |
| the date of filing.) | cific and cannot be more than five business days prior to or 90 days after leet the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any. Purpose: Practice of Law | |
| REQUIRED SIGNATURE: | |

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

constitutes a third degree felony as provided for in s.817.155, F.S.

M. Keith Lipscomb, as MGMR of Lipscomb, Eisenberg & Baker, PL

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2