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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_
EE EQUITY HOLDINGS, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
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Date Time	UCC 11 Search
Date Time	UCC 11 Retrieval
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COVER LETTER

FEE EQUITY HOLDINGS I	LLC		
Van	ne of Limited Lial	oility Company	
sed Articles of Organization and	fee(s) are submitt	ed for filling,	
um all correspondence concernin	g this matter to th	c following:	
CHARLOTTE FEE			
	Name	of Person	
	Firm/	Tompany	
8461 LAKE WORTH RD. #44	0		
	Ad	dress	
LAKE WORTH, FL 33467			
TEAMCDI@AOL.COM	City/State	and Zip Code	
E-mail address: (to	be used for future	annual report notificat	ion)
information concerning this matte	r. please call:		
CHARLOTTE FEE	954	298-2975	
	Area Code	Daytime Telephon	ne Number
0 Filing Fee S130,00 Filin	g Fee & □\$ atus Cert	ified Copy	©\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Sed Articles of Organization and urn all correspondence concerning CHARLOTTE FEE 8461 LAKE WORTH RD. #44 LAKE WORTH, FL 33467 TEAMCDI@AOL.COM E-mail address: (to information concerning this matter CHARLOTTE FEE Name of Person is a check for the following amount of Filing Fee \$130.00 Filing	Name of Limited Liab sed Articles of Organization and fee(s) are submitt urn all correspondence concerning this matter to th CHARLOTTE FEE Name S461 LAKE WORTH RD, #440 Ad LAKE WORTH, FL 33467 City/State: TEAMCDI@AOL.COM E-mail address: (to be used for future information concerning this matter, please call: CHARLOTTE FEE 954 at (Name of Person Area Code is a check for the following amount: 0 Filing Fee \$\sum_{\text{S130.00}} \text{Filing Fee & GS} \text{Certificate of Status} \text{Cert}	Name of Limited Liability Company seed Articles of Organization and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: CHARLOTTE FEE Name of Person Firm/Company 8461 LAKE WORTH RD, #440 Address LAKE WORTH, FL 33467 City/State and Zip Code TEAMCDE AOL.COM E-mail address: (to be used for future annual report notificat information concerning this matter, please call: CHARLOTTE FEE 954 298-2975 at (

FEE FOULTY	HOLDINGS LLC			
	contain the words "Limited Lini	bility Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and su	ect address of the principal offic	e of the Limited	Liability Company is:	
Pe	incipal Office Address:		Mailing Address:	
8461 LAKE W LAKE WORTI	ORTH RD, #440 I. FL 33467		LAKE WORTH RD, #440	• •
			CE WORTH, FL 33467	
The Limited Liability Commother business emity wit	h an active Florida registration.) (reet address of the registered ago JOHN PERLOFF, BENT No	Registered Agei gistered Agent. ent are:	nt's Signature: You must designate an individual or	2071 FEB 24
The Limited Liability Commother business emity wit	ipany cannot serve as its own Rej h an active Florida registration.) treet address of the registered ago JOHN PERLOFF, BENY	Registered Ages gistered Agent. ent are: NIS & PERLOF ame	nt's Signature: You must designate an individual or FPA	FEB 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Having neen 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 proceeding of all statutes visiting to the proper in Complex performance of my diview, and I am familiar with and accept the obtaining by my product the process of agent as planted for in Chapter 605, F.S.

Registered Agent's Signatul (LiGFQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Titlei Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR CHARLOTTE FEE 8461 LAKE WORTH RD, #440 LAKE WORTH, FL 33467 DANIEL FEE 8461 LAKE WORTH RD, #440 LAKE WORTH, FL 33467 MGR (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

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

CHARLOTTE FEE

Typed or printed name of signee

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)