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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

	TMORE CAPITAL MA	
OCUMENT NUM	BER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
	Plain Copy	
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	**PLEASE OBTAIN THE Certified Copy of Ar	TE FOLLOWING FOR THE ABOVE ENTITY**
		-ts & Amendments Complete File (Inclading Annual Reports)
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	Certificate of Status	Reflecting:
	**APOSTILLE',	/ NOTARIAL CERTIFICATION**
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	FICATES REQUESTED	

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SECRETARY OF STATE

BILTMORE CAPITAL	MANAGEMENT LLC
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(Must contain the words "Limited Liability Company, "L.L.C.." or "LLC.")

#### ARTICLE II - Address:

<u>Pri</u>	ncipal Office Address:		Mailing Address:	
2000 Island Bly	J., Apt. 2709		000 Island Blvd., Apt. 2709	
Aventura, FL 33	160		Aventura, FL 33160	
	an active Florida registrati		n. You must designate an individual o	
nother business entity with		on.) d agent are:	it. You must designate an individual o	
nother business entity with	an active Florida registrati reet address of the registere	on.) d agent are:	it. You must designate an individual o	
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nother business entity with	an active Florida registrative reet address of the registere United Corporate S  3458 Lakeshore Dri	on.) d agent are: ervices, Inc. Name		

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..

Michael A. Barr

Registered Agent's Signature (REQUIRED)

Michael A. Barr, President

(CONTINUED)

### ARTICLE IV-

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

"AMBR." = Authorized Member "MGR" = Manager  AMBR.  Raphael Benarova 2000 Island Blvd. Apt. 2709 Aventura, FL 33160  (Use attachment if necessary)  ICLE.V: Effective date, if other than the date of filing.  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of \( \pi \) member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b) (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 s.817.155, F.S.  Raphael Benaroya  Typed or printed name of signee	ANIBR = Aumorized No	and a second
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)