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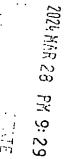
(Requestor's Name)
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(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument Ni, mha A
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Speciel menastrans to 1 ming emeet.

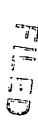




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COVER LETTER

	ew Filing Sec ivision of Co					
SUBJECT		estment Bank, LI	.c			
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of	Organization and	fee(s) are submitt	ed for filing.		
Please retu	m all correspo	ondence concernin	ng this matter to th	e following:		
	William Sla	gle				
			Name	of Person		
	The Empire	Firm, LLC				
		<u>.</u> .	Firm/	Company		
	324 Sixth A	venue North				24
			Ad	ldress	 	
	Jacksonville	Beach, Florida 32	2250			, <u> </u>
•	as laule@emr	oireinvestmentban	-	and Zip Code		
_				e annual report notificat	tion)	<u> </u>
or further in	nformation co	ncerning this matt	er, please call:			
	William Slag	le	904 at (515-8613)		
,	Nair	ne of Person	Area Code	Daytime Telephor	ne Number	
Enclosed is	a check for t	he following amou	ını.			
■ \$125.00		□\$130.00 Filir Certificate of S	ng Fee & □S Status Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	Certificate Certified C	Filing Fee, of Status & opy opy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporations fox 6327 assee, FL 32314	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Empire Investment Bank, LLC	
(Must contain 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:
<u> </u>	
324 Sixth Avenue North	324 Sixth Avenue North
Attn: The Empire Firm, LLC	Attn: The Empire Firm, LLC
Jacksonville Beach, Florida 32250	Jacksonville Beach, Florida 32250
ARTICLE III - Registered Agent, Registered Office, & Regis	stered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	IFA'
The mane and the Fibrida street address of the registered agent a	M.C.

The Empire Firm, LLC

Name

324 Sixth Avenue North

Florida street address (P.O. Box NOT acceptable)

Jacksonville BeachFlorida32250CityStateZip

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..

The Engretion LLC By William G. SLOCK A MANAGENE:
Registered Agent's Signature (REQUIRED)

(CONTINUED)

4024 MAR 28 PM 9: 29

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	The Empire Firm, LLC 324 Sixth Avenue North Jacksonville Beach, Florida 32250
(Use attachment if necessary)	ate of filing:
ffective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 da
e of filing.) If the date inserted in this block does no cument's effective date on the Departme	or meet the applicable statutory filing requirements, this date will not be ent of State's records.
e of filing.) If the date inserted in this block does no	
e of filing.) If the date inserted in this block does not the date inserted in this block does not the Department's effective date on the Department of the	

Filing Fees:

The Emoire Firm, L.I.C. by William, G. Slagle, A. Manager
Typed or printed name of signee

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

S 5.00 Certificate of Status (Optional)