

L960000000389

1201 W. STREET
TALLAHASSEE, FL 32301
904-222-0393 FAX

000 342-0096



RECEIVED
96 MAR 29 PM 12:19
DIVISION OF CORPORATION

FILED
96 MAR 29 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 867851 7105843
AUTHORIZATION : *Patricia Pyatt*
COST LIMIT : ~~5140.00~~ *285.00*

ORDER DATE : March 4, 1996
ORDER TIME : 11:14 AM
ORDER NO. : 867851
CUSTOMER NO: 7105843

7000001763057

CUSTOMER: Mr. Robert E. Mons
OSPREY CAPITAL MANAGEMENT, LLC
Suite 214
226-5 Solano Road
Ponte Vedra Bea, FL 32082

Lori Dunlap GAVE
AUTHORIZATION BY PHONE TO
CURRENT *Article IV*
DATE *4-4-96*
DOC. EXAM *KH*

DOMESTIC FILING

NAME: OSPREY CAPITAL MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS *APR 2 1996* *BSB*

W96-7016

XH
4-4-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

resubmit

April 2, 1996

*Please give original submission
date as file date.*

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: OSPREY CAPITAL MANAGEMENT, LLC
Ref. Number: W96000007016

We have received your document for OSPREY CAPITAL MANAGEMENT, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

Please give the capacity of the person signing as registered agent for said corporation.

Please return 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 (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 996A00014924

RECEIVED
96 APR -2 PM 1:17
DIVISION OF CORPORATION

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

FILED

96 MAR 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSPREY CAPITAL MANAGEMENT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: SUITE 214, 226-5 SOLANO ROAD, PONTE VEDRA BEACH, FL 32082

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:
30 YEARS

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Jon Solow
5998 S.W. 50th Street
Miami, Fl. 33155

Robert E. Mons
7049 Cypress Bridge Dr., South
Ponte Vedra, Florida 32082

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

TWO-THIRDS (2/3) VOTE OF ALL EXISTING MEMBERS OF OSPREY CAPITAL MANAGEMENT, LLC. THE TERMS AND CONDITIONS OF THE ADMISSIONS SHALL BE WHATEVER IS ESTABLISHED IN A SPECIAL MEETING, HELD TO ADMIT A NEW MEMBER(S) AT THE TIME OF ADMISSION, WHICH SHALL BE MEMORIALIZED IN MINUTES FOR THAT SPECIAL MEETING.

ARTICLE VI - Members Rights to Continue Business:

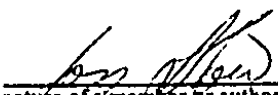
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

TO CONTINUE THE BUSINESS OF OSPREY CAPITAL MANAGEMENT, LLC, UNLESS FIFTY PERCENT (50%) OF THE REMAINING MEMBERS VOTE TO DISSOLVE THE BUSINESS.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of OSPREY
CAPITAL MANAGEMENT, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ — 0 — . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 500.00 . This total includes amounts from 2 and 3 above.


Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
OSPREY CAPITAL MANAGEMENT, LLC

2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

(P.O. Box not acceptable)

TALLAHASSEE, FL 32301

(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.

By:

Lisa G. Mulligan

(Signature)

Lisa G. Mulligan,
as agent

3/26/96

(Date)