CAPITAL CONNECTION, INC. OD 4744

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In _

Will Pick Up

Tarpon Balanced Fundila	300030160839 -10/15/9901055010 ***1250.00 ****125.00
10 Filings	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 Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Search Fictitious Owner Search Vehicle Search
Requested by: Name Date Time	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

Courier_

ARTICLE I - Name:	
The name of the Limited Liability Company is: TARPON BALANCE	fund
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is: 3131/2 Worth Ave 501.4e B3	
PALM BEACH, Florida 33480.	::::::::::::::::::::::::::::::::::::::
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
Robert ALTMAN	_
No.	
313 /2 Worth Ave B3.	· · · · · · · · · · · · · · · · · · ·
Florida street address (P.O. Box NOT acceptable)	
PAIM BEACH FL 33 480- City, State, and Zip	- <u>·</u>
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 608, 1. S	
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Registered Agent's Signature	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.	
(An additional article must be added if an effective date is requested)	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

10/07 '99 16:07 NO.793 03/03

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CAPITAL CONNECTION

850 222 1222

Typed or printed name of signce

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)