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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____sfox@bainbridgere.com_

FLORIDA LIMITED LIABILITY CO.

Schechter Capital Management, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

From: Heather Irving

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Schechter Capital Management, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "El.C.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12765 W. Forest Hill Blvd.	SAME
Suite 1307	
Wellington, FL 33414	
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Corporation Service Com	pany
Na	ille!

Name

1201 Hays St.

Florida street address (P.O. Box SOT acceptable)

Tallabassee FL 32301

City State Zip

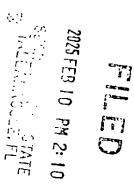
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 as provided for in Chapter 605, F.S..

Alexandra Soukeras, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A	K.	П	C	1	- 1	V	

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MBR	Schechter Capital, L.L.I.P
	12765 W. Forest Hill Blvd. Suite 1307
	Wellington, FL 33414
	
(Use attachment if necessary)	
the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Ri	ichard A. Schechter
Signature of a	member or an authorized representative of a member.
This document is exec I am aware that any fa	cuted in accordance with section 605.0203 (1) (b). Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Richard A. Sch	echter
	Typed or printed name of signee
	Filing Fees:
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