

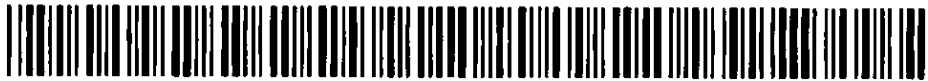
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PLEASE GET ORIGINAL
SUBMISSION DATE OF 05/14

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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2020 MAY 20 PM 4:10

To: Division of Corporations
Fax Number : (850)617-6381

FILED
May 14, 2020 08:00 AM
Secretary of State

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CAPRICORN HOLDINGS GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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Jsk
5/21/2020

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capricorn Holdings GP, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Hryck
Name of Person
Reed Smith LLP
Firm/Company
599 Lexington Avenue
Address
New York, New York 10022
City/State and Zip Code
akotras@lotusimm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Hryck 212 549-0370
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
\$130.00 Filing Fee & Certificate of Status
\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capricorn Holdings GP, 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:

7901 4th Street N, Suite 300
St. Petersburg, Florida 33702

Mailing Address:

7901 4th Street N, Suite 300
St. Petersburg, Florida 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agents Inc.
Name

7901 4th Street N, Suite 300
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33702
City State Zip

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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..

Registered Agents Inc.

By Bill Hume

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
David M. Hryck
c/o Reed Smith LLP, 599 Lexington Avenue
New York, New York 10022

MGR

Hernan Gonzalez
c/o Reed Smith LLP, 599 Lexington Avenue
New York, New York 10022

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May 14, 2020 08:00 AM

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ David M. Hryck

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (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.

David M. Hryck, Authorized Representative
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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