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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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05/07/21--01010--005 **125.00





COVER LETTER

TO: New Filing Section Division of Corporations	7021
Capital Splash, LLC	Liability Company
SUBJECT: Name of Limited L	
	nitted for filing.
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Clay A. Tindal	
Nan	ne of Person
Capital Splash, LLC	
	m/Company
34990 Emerald Coas	st Pkwy., #302
	Address
Destin, Florida 3254	1
City/Sta	ate and Zip Code
clay@capitalsplash.com E-mail address: (to be used for fut	tura annual ramast ratification)
	ure annual report notification)
For further information concerning this matter, please call:	
Clay A. Tindal 850	,7500
Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327 Tallahassee, F1, 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Capital Splash, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
e mailing address and street address of the principal office	
e mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u> :
_	
Principal Office Address:	Mailing Address:

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

another business entity with an active Florida registration.)

Northwest Registered Agent, LLC

Name

7901 4th St. N., Ste. 300

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

St. Petersburg FL 33702

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Viember
"AMBR" = Authorized ! "MGR" = Manager	
	Clay A. Tindal
MGR	Clay A. Tindal 34990 Emerald Coast Pkwy., #302
	Destin, Florida 32541
	200m, 110ma 02011
EV: Effective date, if ot ctive date is listed, the of filing.)	ther than the date of filing:
EV: Effective date, if of ctive date is listed, the of filing.) the date inserted in this nent's effective date on	ther than the date of filing:
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retive date is listed, the of filing.) the date inserted in this nent's effective date on E VI: Other provisions, i REQUIRED SIGNATION Signature of the provision of the prov	ther than the date of filing:
E V: Effective date, if of sective date is listed, the of filing.) the date inserted in this nent's effective date on E VI: Other provisions, i	ther than the date of filing:
V: Effective date, if of etive date is listed, the effiling.) he date inserted in this ent's effective date on. VI: Other provisions, i REQUIRED SIGNATURES Si This does I am away constitute.	ther than the date of filing:

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

ARTICLE IV-