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| (Requestor's Name) | | |
|---|----------------|-----------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|----------------------------------|--|
| SUBJECT: Miami Capital Inve | estment Group, LLC | |
| | e of Limited Liability Company) | |
| The enclosed Articles of Organization and | fee(s) are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| Ashley Hersutamto | | |
| - | (Name of Person) | |
| Law Offices of Micha | ael Lapat | |
| | (Firm/Company) | 200 |
| 3300 University Drive, Suite 311 (Address) | | |
| | (Address) | TARY OF |
| Coral Springs, FL 33065 (City/State and Zip Code) (City/State and Zip Code) For further information accounting this metter places call: | | |
| | (City/State and Zip Code) | FILO 1: |
| For further information concerning this ma | tter, please call: | RIBA LIP |
| Ashley Hersutamto | at (954) 345-644 | 12 |
| (Name of Person) | (Area Code & Daytime Te | lephone Number) |
| Enclosed is a check for the following ar | mount: | |
| \$125.00 Filing Fee \$130.00 Fili Certificate of S | | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Sect Division of Corp | ion Registration Section | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| The name of the Elimited Elaotity Company is. | |
| Miami Capital Investment Group, LLC | |
| (Must end with the words "Limited Liability Company, "Limite | d Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: 100 Lincoln Road, Suite 1536 Miami Beach, FL 33139 |
| 100 Lincoln Road, Suite 1536 | 100 Lincoln Road, Suite 1536 |
| Miami Beach, FL 33139 | 100 Lincoln Road, Suite 1536 Miami Beach, FL 33139 P |
| | - Fig. 7 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | ered Agent. You must designate an individual or another. |
| The name and the Florida street address of the re | egistered agent are: |
| Steven Soskin | |
| Name | |
| 100 Lincoln Road, Suite | 1536 |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Miami Beach | _{FL} 33139 |
| City, State, a | nd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | nccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Steven Soskin 100 Lincoln Road, Suite 1536 Miami Beach, FL 33139 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: ____ (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.)

REQUIRED SIGNATURE:

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.)

Steven Soskin

Steven Soskin 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)