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.

(((H19000145323 3)))



H190001453233ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

Fnail Address:	
Phali Muultaa.	

## FLORIDA LIMITED LIABILITY CO. CAPRARO'S LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Meau

Help

300 200 0100

02/03 PAGE

MAY-01-2019 16:28

VIGO & VIGO, LLP

ARTICLES OF ORCANIZATION FOR FLORIDALI	MITTED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
CAPRARO B, LLC	·
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Linbility Company is:
Principal Office Address:	Malling Address:
720 84 STREET	SAME

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 catity with an active Florida registration.)

33141

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

APT\_#\_4

MTAMI REACH FT.

GIANNI CAPRARO **N**адк 720 **84 STREET** APT # 4 Florida street address (P.O. Box NOT acceptable) MIAMI BEACH  $\mathbf{r}_{\mathbf{L}}$ 33141 City State

Having been named as registered agent and to accept service of procuss 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 egent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MAY-01-2019 16:28 VIGO & VIGO, LLP

(Use attachment if necessary)  (Use attachment if necessary)  CLE.V: Effective date, if other than the date of filing:  ———————————————————————————————————
(Use attachment if necessary)  (Use attachment if necessary)  (T.E.V: Effective date, if other than the date of filing:
(Use attachment if necessary)  CLE.V: Effective date, if other than the date of filing:  ———————————————————————————————————
(Use attachment if necessary)  CLE.V: Effective date, if other than the date of filing:  OPTIONAL)  offective date is listed, the date must be specific and cannot be more than five business days prior to or 90 to of filing.)  If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be
CLE.V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the of filing.)  If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be
CLE.V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the of filing.)  If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be
CLEAV: Effective date, if other than the date of filing:  offective date is listed, the date must be specific and cannot be more than five business days prior to or 90 dee of filing.)  If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be
T.E.V: Effective date, if other than the date of filing
T.E.V: Effective date, if other than the date of filing
T.E.V: Effective date, if other than the date of filing:  OPTIONAL)  Frective date is listed, the date must be specific and cannot be more than five business days prior to or 90 due of filing.)  If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be
T.E.V: Effective date, if other than the date of filing
CLEAV: Effective date, if other than the date of filing:  OPTIONAL)  OFFICIAL  OFFICIA
CLEAV: Effective date, if other than the date of filing:  OPTIONAL)  OFFICIAL  OFFICIA
CLEAV: Effective date, if other than the date of filing:  OPTIONAL)  OFFICIAL  OFFICIA
T.E.V: Effective date, if other than the date of filing
TLE.V: Effective date, if other than the date of filing
effective data is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be
LE VI: Other provisions, if any.
REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.
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