

**L01000006435****Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : CAPITAL CONNECTION, INC.  
Account Number : E20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

**LIMITED LIABILITY COMPANY****CAPITOL CITY - TALLAHASSEE, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01 2     |
| Estimated Charge      | \$155.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **CAPITOL CITY - TALLAHASSEE, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**2901 CLINT MOORE ROAD, SUITE 218, BOCA RATON, FL 33496**

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

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

**CURT LEVINE**  
**2901 CLINT MOORE ROAD, SUITE 218**  
Florida street address (P.O. Box NOT acceptable)  
**BOCA RATON FL 33496**  
City, State, and 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 608, F.S.*

*Curt Levine*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

**CURT LEVINE**

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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