

# L01000020908

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## 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.**

((H01000118763 1)))

**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  
Fax Number : (850) 205-0383

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

AL

## LIMITED LIABILITY COMPANY

CAPRI LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -4 PM 1:47

RECEIVED

③

H 01000118763

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

CAPRI LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -4

ARTICLE ONE - Name:

The name of the corporation shall be:

CAPRI LLC

ARTICLE TWO - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7220 N.W. 36<sup>th</sup> Street, Suite 515  
Miami, FL 33166

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

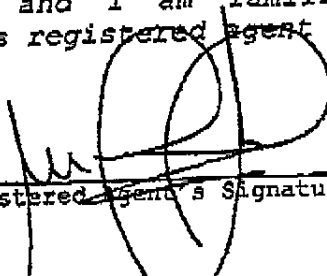
The name and the Florida street address of the registered agent are:

Mario Laricchia  
Name

7220 N.W. 36<sup>th</sup> Street, Suite 515  
Florida street address

Miami, FL 33166  
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.

  
Registered Agent's Signature

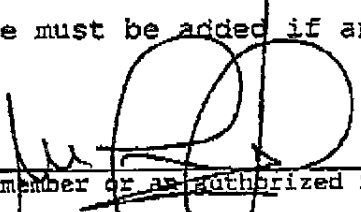
H 01000118763

H 01000118763

ARTICLE FOUR - 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 dated is requested)

  
\_\_\_\_\_  
Signature of a member or an authorized representative or a member.

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties o perjury that the facts stated herein are true.)

Mario Laricchia

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -4

H 01000118763