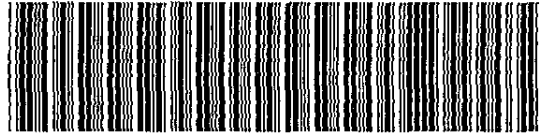


L030000004348

FILED  
03 FEB 15 PM 1:33

CLERK OF STATE  
TALLAHASSEE, FLORIDA



200010940002

02/05/03--01049--019 \*\*125.00

(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:

Office Use Only

RECEIVED

03 FEB 15 AM 11:38

CLERK OF STATE  
TALLAHASSEE, FLORIDA

AL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Rig Capital, LLC

FILED

03 FEB -5 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

HW 2/5

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
(RIG CAPITAL LLC)

FILED  
03 FEB -5 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, for the purpose of forming a limited liability corporation pursuant to the laws of the State of Florida, do hereby make and file the following Articles of Organization:

**ARTICLE I - Name**

The name of the Limited Liability Company is:

RIG CAPITAL , LLC

**ARTICLE II - Address**

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

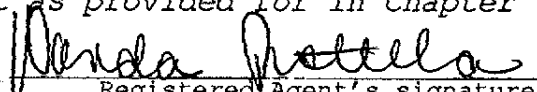
2600 Douglas Road  
Suite 905  
Coral Gables, Florida 33134

**ARTICLE III - Registered Agent**

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

Wanda Pistella, P.A.  
Suite 262  
3001 Ponce de Leon Blvd.  
Miami, Florida 33134

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 property 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.

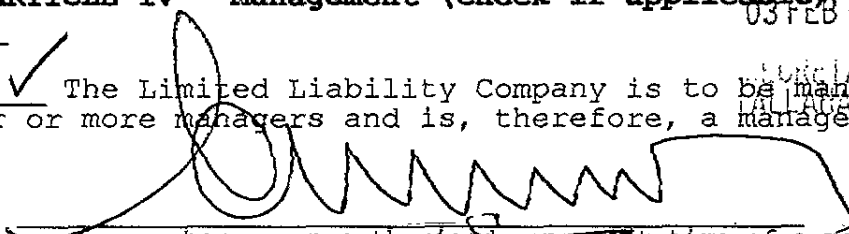
  
Registered Agent's signature

FILED

**ARTICLE IV - Management (check if applicable)**

03 FEB -5 PM 1:33

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

  
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.)

Printed Name of Signee:  
Roberto A.F. Roberts  
c/o Suite 905  
2600 Douglas Road  
Miami, Florida 33134