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DIVISION OF CORPORATIONS

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Florida Department of State  
Division of Corporations  
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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
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**LIMITED LIABILITY COMPANY**

**KAPYTAL GROUP, LLC.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KAPYTAL GROUP, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

8352 NW 36TH STREET

SUITE 430

MIAMI, FL 33166

**Mailing Address:**

8352 NW 36TH STREET

SUITE 430

MIAMI, FL 33166

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

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

HUMBERTO FRANCIA

Name

8352 NW 36TH STREET-SUITE 430

Florida street address (P.O. Box **NOT** acceptable)

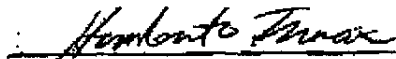
MIAMI

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

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

HUMBERTO FRANCIA

8352 NW 36TH STREET-SUITE 430

MIAMI, FL 33166

MGR

CLAUDIA MORENO

8352 NW 36TH STREET-SUITE 430

MIAMI, FL 33166

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

HUMBERTO FRANCIA

Typed or printed name of signer

**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)