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(Requestor's Name)	
(Address)	600050399
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/20/0501U21U1
(Document Number)	
Certified Copies Certificates of Status	
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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: 5 Captain		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Brian Cu		Name of Person)	
	(1	vame of Person)	
5 Captains, LLC			
	0	Firm/Company)	
7920 Ramo	na Street		
		(Address)	
Mirar	nar, FL 33023-2460		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Brian Culmer		at (305) 502-5559	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:		
5 Captains, LLC			
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liabil	lity Compa	any is:
Principal Office Address:	Mailing Address:		
7920 Ramona Street	7920 Ramona Street		
Miramar, FL 33023-2460	Miramar, FL 33023-2460		
The name and the Florida street address of Brian Culmer	the registered agent are:		
N	lame		-
7920 Ramona Street			59 '.
Florida stree	et address (P.O. Box NOT acceptable)		23
Miramar, FL 33023-2460	FL	4	₹.
City, St	tate, and Zip		*******):
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and completed accept the obligations of my position as	d in this certificate, I hereby accept the a pacity. I further agree to comply with the te performance of my duties, and I am fa	ppointmen provision miliar with	nt as ns of all h and

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manaş "MGRM" = Mar		Name and Address:
MGR		Francisco Williams SYSS NW 169 Tenace
		miami, FL 33055
MGR_		Anthony williams
		1440 NW 180 Terrare manifel 33169
M6R		·
<u> </u>		Michael Walters 4172 Inversory Drive # 309 Laudechill, FL 33319
mbr.		
		Anthony McCray 7970 Hampton Blvd H 2 North Lauderdale FL 330
(Use attachment	if necessary)	
NOTE: An add	litional article must be a	added if an effective date is requested.
REQUIRED SI	GNATURE:	
	Bin	- Culm
	(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury a are true.)
	Brian Cu Typed	or printed name of signee

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Brian Culmers 7920 Ramona Street miramar, FL 33023
	added if an effective date is requested.
required signature:	· Cula
(In accordance with section	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)
Bri an Typed	or printed name of signee

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)