

W05000103368

Florida Department of State
Division of Corporations
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(3)**10/19**

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M. HODGES

To:
Division of Corporations
Fax Number : (850) 203-0383

From:
Account Name : FILINGS, INC.
Account Number : 012720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

RECEIVED**05 OCT 19 PM 12:35****DIVISION OF CORPORATIONS****W05-103368****LIMITED LIABILITY COMPANY****CAPE HAZE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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**SECRETARY OF STATE
TALLAHASSEE FLORIDA****05 OCT 19 AM 10:15****FILED****Electronic Filing Menu****Corporate Filing****Public Access Help**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPE HAZE LLC**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**804 SE 19 StreetSameFort. Lauderdale, Florida 33316**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

DAVID J. SCHOTTENFELD, P.A.

Name

7520 NW 5th Street - Suite 203Florida street address (P.O. Box **NOT** acceptable)PlantationFLORIDA 33317

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.

David J. Schottenfeld
Registered Agent's Signature

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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

JAMES STATON

5231 SW 18 Street

Plantation, Florida 33317

MGRM

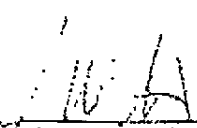
GUNTHER COVERS

2649 Marion Drive

Fort Lauderdale, Florida 33316

(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.)

JAMES STATON

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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