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COVER LETTER

TO:	Registration Division of C		F	
SUBJ	CAPE	ABILITIES, LLC.		
SUBJ	ECI:	(Name of Limite	d Liability Com	pany)
The e	nclosed Articles	of Organization and fee(s) are s	submitted for fili	ng.
Please	return all corres	spondence concerning this matt	er to the followin	ng:
	JOSEPH W	ANCO		
		1	(Name of Person)	
	CAPE ABIL	ITIES, LLC		
			(Firm/Company)	
	3050 N.E. 4	8th CT		<u>-</u>
			(Address)	
	LIGHTHOU	SE POINT, FLORIDA 33	3064	
		(City	/State and Zip Co	de)
For fu	rther information	a concerning this matter, please	call;	
JOSE	EPH WANCO)	508	776-4009
	(Nan	ne of Person)	_at ((Area Co	ode & Daytime Telephone Number)
Enclo	sed is a check	for the following amount:		
□ \$125	,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Fill Certified C (additional co	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Address ation Section n of Corporations Building secutive Center Circle ssee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CAPE ABILITIES, LLC.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3050 N.E. 48th CT. LIGHTHOUSE POINT FLORIDA 33064	20 ELISHA WITHERELL RD. WELLFLEET MASSACHUSETTS 02667

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSEPH WANCO

Name

3050 N.E. 48th CT.

Florida street address (P.O. Box \underline{NOT} acceptable)

LIGHTHOUSE POINT, FL. 33064

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 (REQUIRED)

(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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	JOSEPH WANCO 3050 N.E. 48 th CT. LIGHTHOUSE POINT, FL. 33064
MGRM	LAURA WANÇO 3050 N.E. 48th CT. LIGHTHOUSE POINT, FL. 33064
	···
(Use attachment if necessary)	
RTICLE V: Effective date, if other than fif an effective date is listed, the date must or 90 days after the date of filing.)	he date of filing:
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.)

Typed or printed name of signee JOSEPH WANCO

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)