Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000253813 3))) -



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROBERT N. ALLEN, JR., P.A.

Account Number : 073324000622 Phone

: (305)372-3300

Fax Number

: (305)379-7018

LORIDA/FOREIGN LIMITED LIABILIT

CAPSEC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit Number: H07000253813 3

ARTICLES OF ORGANIZATION CAPSEC, LLC

The undersigned person(s) has/have declared in intention of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Limited Liability Company Act and, in accordance with such statutes, the person(s) provides the following information:

ARTICLE I NAME

The name of the Limited Liability Company is: CAPSEC, LLC.

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company 18 \$ Brickell Bay Drive, Suite 1402, Miami, FL 33131.

The mailing address of the Limited Liability Company is c/o Robert Allen Brickell Avenue, Suite 1400, Miami, Fl 33131.

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S **SIGNATURE**

The name and street address of its initial Registered Agent are Robert Allen Law, 1441 Brickell Avenue, Suite 1400, Miami, FL 33131.

Having been named the registered agent and to accept service of process for Capsec, LLC at the place designated in this certificate. I hereby accept the appointment as registered agent and 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.

C. Bonavita, Vice President

Fax Audit Number: H07000253813 3

Fax Audit Number: H07000253813 3

ARTICLE IV MANAGEMENT

The Company is to be managed by one manager and is, therefore, a manager-managed

Signature of authorized representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed name of authorized representative of Member who is signing these Articles: <u>Umberto C. Bonavita</u>

FILED

2001 OCT 12 A II: 02

SECRETARY OF STATE

Preparer:
Umberto Bonavita
Robert Allen Law**(see fictitious name filing for registered agent)
Attorneys at Law
1441 Brickell Avenue, Suite 1400
Miami, Florida 33131
Ph. (305) 372-3300
FL BAR No. 0632791
Fax Audit Number: H07000253813 3