

L100000036965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

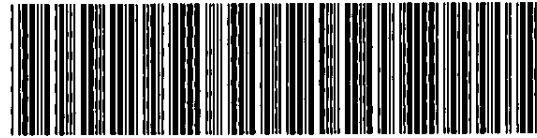
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900173797609

04/06/10--01011--022 **125.00

RECEIVED

10 APR - 6 AM 11:29

FILED
CLERK OF COURT
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

10 APR - 6 PM 1:24

B. KOHR
APR - 6 2010
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -6 PM 1:24

CONTACT: Kim Weidenbach
DATE: 04/06/10
REF. #: 001868.122836
CORP. NAME: 3SIXTY CAPS LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 534391 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -6 PM 1:24

**ARTICLES OF ORGANIZATION
OF
3SIXTY CAPS LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Act, Chapter 608, Florida Statutes.

**ARTICLE I
NAME**

The name of this limited liability company is **3SIXTY CAPS LLC** (the "Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is 2 S. University Drive #325, Plantation, FL 33324.

**ARTICLE III
REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent of the Company is David M. Greene, 2 S. University Drive #325, Plantation, FL 33324.

**ARTICLE IV
DURATION**

The period of duration of the Company will be perpetual.

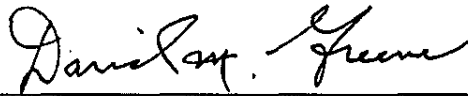
**ARTICLE V
MANAGEMENT**

The Company will be a manager-managed company. The initial manager of the Company is Dreams, Inc. and its address is 2 S. University Drive #325, Plantation, FL 33324.

The undersigned executed these Articles of Organization on this 5th day of April, 2010.

Authorized Representative of the Members:

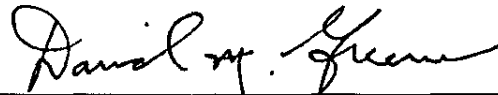
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



David M. Greene, as Authorized Representative

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

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.



David M. Greene