15:48

Electronic Filing Audit Record

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Fax Audit Number: H10-000198712 has a current status of FILED

From: SHUTTS & BOWEN, LLP

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Contact Name: CAVELL J ANDERSON Ph: (305)358-6300

Userid: Account: Sub-Account:

Document Type: EFIL07 Total Pages: 2

Corporate Name: CAPITAL V INVESTMENTS, LLC

Certified Copy: 1 Certificate of Status:

Fax Phone Number: (305)381-9982 Request Date: 09/07/10 Time: 14:58:19

Delivery Method: F Fax-Id: 010A00021462

Estimated Charge: \$155.00

Capital Contr: \$0.00 Amt Increase: \$0.00

D/Reason: User Year: 501(3)(C) STATUS:

Corp Status: Total Corps:

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The original articles were lost and not properly archived.

The articles of Organization attached are to created to the best of our abilities.

Michele Milligan

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	Capital Name of Limi	Investme	ints, LLC
The enclosed Articles	of Organization and fce(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	·	Name of Person	A distriction on the grown of the second of
		,	•
		Firm/Company	
<u></u>	<u> </u>	Address	<u> </u>
	Ci	ty/State and Zip Code	· <u>- </u>
	. *	3	. 1
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
		at()	
Name of Person		Area Code & Daytime Telep	hone Number
Enclosed is a check f	for the following amount:		
•	-	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	<u>-</u>
•	Registration Section	Registration Section Division of Corporations	• -
	Division of Corporations P.O. Box 6327	Clifton Building	_
	Tallahassee, FL 32314	2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Muse end with the words "Limited Linbility Company, "L.L.C.," or "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:
1000 Corporate Drive Same
FT: Landerde le FL 33334
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:
Vince Virga
Florida street address (P.O. Box NOT acceptable)
++· Caud-edale FL 33334 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

\$125.00 Filling Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional)