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EXAMINER

COVER LETTER

	egistration Section vision of Corporatio	ns			
SUBJECT	. Capstone F	Proiect man	agement, LLC		
SUBJECT			ted Liability Company		
The enclose	ed Articles of Organiz	ation and fee(s) are	submitted for filing.		
Please retur	n all correspondence	concerning this ma	tter to the following:		
<u>Ta</u>	ylor Young				
	-		Name of Person		
			Firm/Company		
68	33 George St	. South			
<u></u>	<u>_</u>		Address		
Tar	pon Springs,	FL 34688			
-	onatana@ama		ty/State and Zip Code		
ty.c	apstone@gma E-mai		for future annual report notification)	
For further	information concernir	g this matter, pleas	e call:		
Taylor Y	oung		_ _{at (} 727) 331-291	8	
	Name of Person		Area Code & Daytime T	elephone Number	
Enclosed is	s a check for the fol	lowing amount:			
▼ \$125.00 Fili	ing Fee \$130.0 Certi	0 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	es kon g
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons SE	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Į.	- Nam-	e:
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The name of the Limited Liability Company is:

Capstone Project Management, LLC

(Must end with the words "Limited Liability 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:
683 George St. South	683 George St South
Tarpon Springs, FL 34688	Tarpon Springs, FL 34688
	<u> </u>

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:

Taylor Young	
N	ame
683 George St	. South
Florida stree	t address (P.O. Box NOT acceptable)
Tarpon Springs,	_{FL} 34688
City	y, 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 a	nd Addr	ess:				
		ng Member								
MGR				Taylor Yo	oung					
					<u>.</u>					-
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