

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 9-1-11

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JCS @ Fowler-white . com

FLORIDA LIMITED LIABILITY CO.
FLORIDA INFRASTRUCTURE CAPITAL PARTNERS LLC

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EXAMINER

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ARTICLES OF ORGANIZATION
OF
FLORIDA INFRASTRUCTURE CAPITAL PARTNERS LLC

ARTICLE I

The name of the limited liability company formed hereby is FLORIDA INFRASTRUCTURE CAPITAL PARTNERS LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1200 Anastasia Avenue
Suite 210
Biltmore Hotel Executive Office Center
Coral Gables, FL 33134

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

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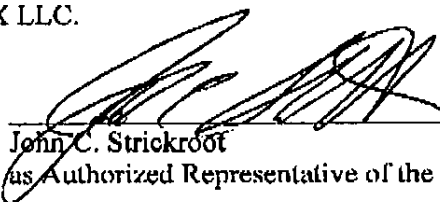
ARTICLE V

The Limited Liability Company's effective date shall be September 1, 2011.

ARTICLE VI

The Limited Liability Company shall be manager-managed.

The initial manager is AMERINVEX LLC.


John C. Strickroot
as Authorized Representative of the Member

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Before me personally appeared John C. Strickroot, as Authorized Representative of the Manager, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have herunto set my hand and official seal this 9 day of August 2011.


Notary Public

Print Name: MIRTHA COUCEYRO

My Commission expires: _____

NOTARY PUBLIC, STATE OF FLORIDA
Mirtha Couceyro
Commission # DD849288
Expires: FEB. 20, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

Audit No. H 11000200039 3

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**CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION**

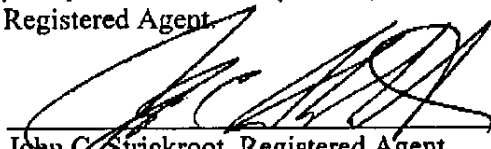
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is FLORIDA INFRASTRUCTURE CAPITAL PARTNERS LLC.

2. The name and address of the Registered Agent and Office is:

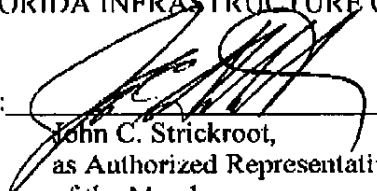
John C. Strickroot, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


John C. Strickroot, Registered Agent

Date: 8-9-11

FLORIDA INFRASTRUCTURE CAPITAL PARTNERS LLC

By: 
John C. Strickroot,
as Authorized Representative
of the Member

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