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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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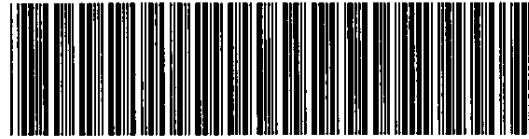
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 15 2012

EXAMINER



Admitted in Indiana
and Michigan

Thomas E. Warrick*
Gary D. Boyn
James V. Woodsmall
Cynthia S. Gillard
Randal G. Hesser
Timothy S. Shelly
William D. Haut
Dean E. Leazenby
Andrew M. Hicks
Anne L. Eisele**

*Admitted in Illinois,
not admitted in Michigan

**Also Admitted in Illinois

February 13, 2012

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TALLAHASSEE, FLORIDA


Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Articles of Organization of Capsized Capital, LLC*

Dear Sir:

Please find enclosed an original and a copy of Articles of Organization of Capsized Capital, LLC, and a check in the amount of \$125.00. Please return the extra file stamped copy to me in the envelope provided. If you have any questions or comments, or need additional information, please call me at the number below. Thank you for your assistance.

Sincerely,


Marilyn R. Yoder
Paralegal

MRY/mry
Enclosures

cc: James V. Woodsmall
L. Reid Deputy

SENT VIA FEDERAL EXPRESS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPSIZED CAPITAL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James V. Woodsmall

Name of Person

Warrick & Boyn, LLP

Firm/Company

121 W. Franklin St., Suite 400

Address

Elkhart, IN 46516

City/State and Zip Code

jwoodsmall@warrickandboyn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James V. Woodsmall

Name of Person

at (574) 294-7491

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capsized Capital, 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:

Capsized Capital, LLC

4200 Middlebury St,

Elkhart, IN 46516

Mailing Address:

Capsized Capital, LLC

4200 Middlebury St.

Elkhart, IN 46516

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:

CT Corporation System

Name

1200 S. Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

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..


Registered Agent's Signature (REQUIRED)

Bernadette McNamara

Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

L. Reid Deputy

4200 Middlebury Street

Elkhart, IN 46516

MGR

Lawrence P. Deputy

4200 Middlebury Street

Elkhart, IN 46516

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 s.817.155, F.S.)

L. Reid Deputy, Member/Manager

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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