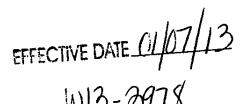
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SECRETARY OF STATE
TALL AHASSEE FLORIDA

UAN 3 1 2012 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2013

STEVE PORTER 10130 NORTHLAKE BLVD., SUITE 214-130 WEST PALM BEACH, FL 33412

SUBJECT: US CAPITAL FINANCE, LLC

Ref. Number: W13000002978

We have received your document for US CAPITAL FINANCE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 413A00001128

2019 JAN 14 PM 1: 05

Registration Section

TO:

COVER LETTER

Division of Corporations US Capital Finance, 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: Steve Porter Name of Person US Capital Finance, LLC Firm/Company 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 City/State and Zip Code steve@portermail.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steve Porter Name of Person Enclosed is a check for the following amount: **□**\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

US Capital Finance, 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: 10130 Northlake Blvd., Suite 214-130 10130 Northlake Blvd., Suite 214-130 West Below Books Fil 32443
(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: 10130 Northlake Blvd., Suite 214-130 10130 Northlake Blvd., Suite 214-130
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10130 Northlake Blvd., Suite 214-130 10130 Northlake Blvd., Suite 214-130
West Delm Deach, El 22442
West Palm Beach, FL 33412 West Palm Beach, FL 33412
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual dranothed business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Stephen S. Porter Name 10130 Northlake Blvd., Suite 214-130 Florida street address (P.O. Box NOT acceptable) West Palm Beach, FL 33412 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)

Page 1 of 2

EFFECTIVE DATE 01/07/13

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

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

MGRM = Managing Member **MGRM** Stephen S. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 **MGRM** Della E. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 **West Palm Beach, FL 33412 **West Palm Beach, FL 33412 **COUNTY OF The County of	Stephen S. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 Della E. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 West Palm Beach, FL 33412 Je Bla E. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 West Palm Beach, FL 33412 EV: Effective date, if other than the date of filing: 01/07/2013 (OPTIO dective date is listed, the date must be specific and cannot be more than five busing 90 days after the date of filing.) EQUIRED SIGNATURE: Signature of impulses for an authorized representative of a member. Constitutes an affirmation under the penalties of perjury that the facts stated herein freshue. 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.)	MGRM Stephen S. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 Delta E. Porter 10130 Northlake Blvd., Suite 214-130 West Palm Beach, FL 33412 West Palm Beach, FL 33412 Let West Palm Beach, FL 33412 EV: Effective date, if other than the date of filing: 01/07/2013 (OPTIO)	"MGR" = Man:	ager	Name and Address:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)