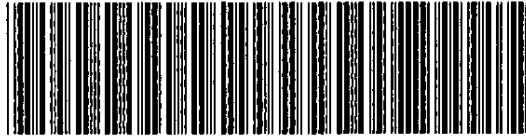


L13000107980



200250087702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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STATE OF MISSISSIPPI
RECORDS SECTION

J. SAULSBERRY
EXAMINER

JUL 30 2013

Cover Letter

Name

Christopher Edward Turner

Address

347 Agnes St.

Orlando, FL 32801

Daytime Telephone Number

(707) 481-6367

STATE
OF FLORIDA
2013 JUL 30 AM 9:01

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caption Technologies, 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:

C. Edward Turner

Name of Person

C. Edward Turner, CPA

Firm/Company

9970 Troon Court

Address

Windsor, CA 95492

City/State and Zip Code

turner.ed@comcast.net

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

For further information concerning this matter, please call:

C. Edward Turner

Name of Person

at (**707**) **292-5207**

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

2013 JUL 30 AM 9:01
STATE
TALLAHASSEE, FL ORSIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caption Technologies, 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:

347 Agnes Street Orlando, FL 32801

347 Agnes Street Orlando, FL 32801

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:

Christopher E. Turner

Name

347 Agnes Street

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

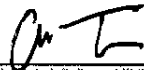
Orlando, FL 32801

FL

City, State, and Zip

2013 JUL 30 AM 9:01
STATE OF FLORIDA
TALLAHASSEE

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)

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:

MGMR

Christopher E. Turner
347 Agnes Street
Orlando, FL 32801

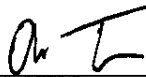
MGMR

C. Edward Turner
9970 Troon Court
Windsor, CA 95492

(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.)

Christopher E. Turner

Typed or printed name of signee

2013 JUL 30 AM 9:01
STATE OF FLORIDA
DEPARTMENT OF STATE

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)