

L14000087010

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

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

Email Address: SAC@ELIONPARTNERS.COM

FLORIDA LIMITED LIABILITY CO.
Caprikan WPB LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (02), and Estimated Charge (\$130.00).

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 29 AM 11:21

B. BOSTICK
MAY 30 2014
EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caprikan WPB 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:

19531 Embassy Court
Miami, FL 33179

19531 Embassy Court
Miami, FL 33179

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:

Sylvain M. Argy

Name

19531 Embassy Court

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

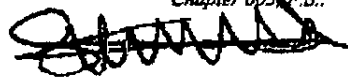
Miami

City

FL 33179

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 603, F.S..



Registered Agent's Signature (REQUIRED)

Sylvain M. Argy

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