

04/16/2032 00008

5884 P.001/003

L14 000091036

Division of Corporations
Electronic Filing Cover Sheet

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(((H14000131175 3)))



H140001311753ABOX

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
CADDIES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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04/16/2032 00:08
JUN-04-2014 WED 05:19 PM

FAX NO.

#5884 P. 002/003

P. 02/08

H14000131175

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CADDIES 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:

325 Waterfront Drive, Omar Hodge Bldg
2nd Floor
Wickhams Cay Road Town Tortola VG

5931 NW 173 Drive Ste 9
Miami, FL 33015

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:

LUIS ROSALES

Name

5931 NW 173 DR STE 9

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

MIAMI

City

FL 33015

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUN 11 2014
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
MIAMI, FLORIDA

04/16/2032 00:08
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FAX NO.

#5884 P.003/003

P. 03/06

H14000131175

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

MGRM

Name and Address:

BELMAR CAPITAL CORP

325 Waterfront Drive, Omar Hodge Bldg 2 floor


Wickham's Cay, Road Town Tortola VG

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.817.135, F.S.)

Luis Rosales
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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FILED
JUN 5 2014
TORTOLA