

# L14000166309

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**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
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**FLORIDA LIMITED LIABILITY CO.  
CAPRI APARTMENTS LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
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October 24, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: CAPRI APARTMENTS LLC  
REF: W14000064783

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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

FAX Aud. #: H14000248483  
Letter Number: 714A00022820

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is: **CAPRI APARTMENTS LLC.**

**ARTICLE II-Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 575 NE 143<sup>rd</sup> Street, Apt. 109, Miami, Florida 33161.

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Cristobal Gil  
575 NE 143<sup>rd</sup> Street  
Apt. 109  
Miami, FL 33161**

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

**Article IV-Management (Check box if applicable).**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**Cristobal Gil - Manager Member-**

**575 NE 143<sup>rd</sup> Street, Apt. 109  
Miami, Florida 33161**

(All additional articles must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

**Cristobal Gil  
Printed name of signee**

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