

L14 000193962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 DEC 18 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 22 2014

L544



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2014

YAAKOV NINIO  
3938 E GRANT RD #177  
TUCSON, AZ 85712

SUBJECT: CAPRICORNS LLC  
Ref. Number: W14000072611

We have received your document for CAPRICORNS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00025645

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAPRICORNS 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:

YAAKOV NINIO  
Name of Person

MJ SUMMIT  
Firm/Company

3938 E. GRANT RD. #177  
Address

TUCSON, ARIZONA 85712  
City/State and Zip Code

INFO@GNZGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTANA DANIELS at ( 520 ) 395-2035  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~CAPRICORN LLC~~ CAPRICORN SEVEN 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:

CAPRICORN LLC  
8888 SW 136th St. Suite 585  
MIAMI, FLORIDA 33176-5885

Mailing Address:

MJ SUMMIT LLC  
3938 E. GRANT RD. #177  
TUCSON, ARIZONA 85712

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:

MJ SUMMIT

Name

150 WORTH AVE #224

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

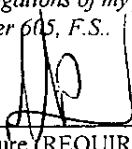
PALM BEACH

City

FL 33480

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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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

YAAKOV NINIO

2261 SHIMMERY LANE

LANTANA, FLORIDA 33462

AMBR

ITTAMAR MOSHE WETTENSTEIN

8000 SPRING MOUNTAIN RD. #2129

LAS VEGAS, NV 89117

(Use attachment if necessary)

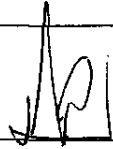
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

NONE

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.817.155, F.S.)

YAAKOV NINIO

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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