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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Name	e)
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Certified Copies	Certificates of	of Status
Special Instructions to Fi	iling Officer:	

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SECRETARY OF STATE
TALL SHASSEE, FLORE

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	WALK IN
	PICK UP: 5-1-15
X	CERTIFIED COPY
	РНОТОСОРУ
	CUS
$\Rightarrow$	FILING LLC
1.	(CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	L INSTRUCTIONS:

## COVER LETTER

TO:	Registration Division of (	n Section Corporations			
SUBJE	CT.	AF	CAPITAL L	LC	
SUBJE	C1:	Name of	Limited Liabii	ity Company	
The enc	losed Articles	of Organization and fee(s)	) are submitted	for filing.	•
Please re	eturn all corre	spondence concerning this	matter to the	following:	
		JOS	EPH R. SAUL	NIER, CPA	•
			Name of	Person	
		HECKL	er & o'keef	E, CPAS, P.C.	·
			Firm/Co	mpany	
•		80 BUSINE	SS PARK DR	IVE, SUITE 205	
			Addr	SS	
			ARMONK, N	Y 10504	
			City/State and	d Zip Code	
			JSaulnier@h	okcpas.com	
		E-mail address: (to be us	ed for future a	nnual report notificat	ion)
or further	r information c	concerning this matter, ple	ase call:		
	Joseph Saul	Inier at (	914	232-9221 ext 109	
	Na	me of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
\$125.00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	) Filing Fee & d Copy l 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
AF CAPITAL LLC	,
(Must end with the words "Limited Liabi	lity Company, "L.L.C," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Melling Address:
790 ANDREWS AVENUE, UNIT E 101	790 ANDREWS AVENUE, UNIT B 101
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
ANTHONY	FASONE
Name	
790 ANDREWS AVE	NUE, UNIT E 101
Florida street address (P.O.	Box NOT acceptable)

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.

State

**DELRAY BEACH** 

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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SEPREMERSEE, FLORID.

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j.		RTICLE IV-			* 1*			
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		itie:		Name and Address:				
		AMBR" = Authorize	ed Member				•	
	. 12			4 November 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			
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