

Division of Corporations

Page 1 of 2

# L15000102228

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000140294 3)))



H150001402943ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ABALLI MILNE KALIL, P.A.  
Account Number : 073123001732  
Phone : (305) 373-6600  
Fax Number : (305) 373-7929

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

Email Address:

cfernandez@aballi.com

RECEIVED

15 JUN 11 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
MUCAP FL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JUN 12 2015

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

H15000140294 3

**ARTICLES OF ORGANIZATION  
OF  
MUCAP FL LLC  
a Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of the limited liability company (the "company") shall be **MUCAP FL LLC.**

**ARTICLE II  
ADDRESS**

One S.E. Third Avenue, Suite 2250  
Miami, FL 33131

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

**AMKE REGISTERED AGENTS, L.L.C.**  
One S.E. Third Avenue, Suite 2250  
Miami, Florida 33131

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I

Arturo J. Aballi  
One S.E. Third Ave., Suite 2250  
Miami, Florida 33131  
Tel: (305) 373-8800  
Florida Bar # 166383

H15000140294 3

15 JUN 11 AM 11:47

**H15000140294 3**

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.

**AMKE REGISTERED AGENTS, L.L.C.**

By: 

Arturo J. Aballi  
Manager

**ARTICLE IV  
MANAGEMENT**

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

SOLE ADMIN L.L.C.  
One SE Third Avenue  
Suite 2250  
Miami, FL 33131

Manager

**IN WITNESS WHEREOF**, the undersigned authorized representative has executed these Articles of Organization this 10<sup>th</sup> day of June, 2015.

**AMKE Registered Agents, L.L.C.**

By: 

Arturo J. Aballi  
Manager

Arturo J. Aballi  
One S.E. Third Ave., Suite 2250  
Miami, Florida 33131  
Tel: (305) 373-6600  
Florida Bar # 166383

**H15000140294 3**