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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

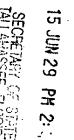
Office Use Only



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COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	HyCap Properties, LLC			
0020201		ame of Limited Liabil	ity Company	
The enclos	ed Articles of Organization an	nd fee(s) are submitted	for filing.	
Please retu	rn all correspondence concern	ing this matter to the	following:	
	David Donnelly			
	Air	Name of	Person	
	HyCap Properties, LLC			
		Firm/Co	mpany	
	201 Columbine Street, Ste. 3	300		
		Addr	ess	
	Denver, Colorado 80206			
	daviddonnelly@hermangroup	City/State an	d Zip Code	
-	E-mail address: (to be used for future a	nnual report notificat	ion)
For further in	nformation concerning this ma	tter, please call:		
	David Donnelly	303 at (220-6273	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amo	ount:		
\$125.00 Fi		g Fee & \$155.0 Status Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section		Street Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL FLED

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The name of the Limited Liability Company is:

Aventura, Florida 33180

15 JUN 29 PM 2:47

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HyCap Properties, LLC	SECRETARY OF STATE TALL AND SECRETARY OF STATE O
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	
Principal Office Address:	Mailing Address:
20801 Biscavne Blvd. Ste. 403	201 Columbine Street Ste 300

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:

Roger A. Herman		
	Name	
20801 Biscayne Blv	d., Ste. 403	
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Aventura	FL	33180
City	State	Zip

Denver, Colorado 80206

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)

Page 1 of 2

ARTICLES OF ORGANIZATION FOR HYCAP PROPERTIES, LLC EXHIBIT A

<u>Title</u>: Name and Address:

MGR Janet Clement

P.O. Box 2272

San Pedro, California 90731

MGR Adam Sachs

1000 North Green Valley Parkway

Suite 400-261

Henderson, Nevada 89074

MGR Roger A. Herman

201 Columbine Street, Ste. 300

Denver, Colorado 80206

MGR Jerry Wenzel

201 Columbine Street, Ste. 300

Denver, Colorado 80206

MGR Ryan Harris

18543 Devonshire Street, #260 Northridge, California 91324



Title: "AMBR" = Author		Name and Address:	SECRETARY OF TALLAHASSEE, FI
"MGR" = Manage See Attached Exh		See Attached Exhibit A	The state of the s
	- 		<u> </u>
(Use attachment if	• •		
FICLE V: Effective date in effective date is listed date of filing.) te: If the date inserted in	e, if other than the date of fil I, the date must be specific	ing: and cannot be more than five busing the applicable statutory filing require ate's records.	ness days prior to or 90 days
FICLE V: Effective date in effective date is listed date of filing.) te: If the date inserted in	e, if other than the date of fill, the date must be specific this block does not meet to te on the Department of States.	and cannot be more than five busin he applicable statutory filing require	ness days prior to or 90 days
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FICLE V: Effective date in effective date is listed date of filing.) te: If the date inserted in document's effective date FICLE VI: Other provisi REQUIRED SIGN (In con I air	e, if other than the date of fill, the date must be specific in this block does not meet to te on the Department of Stations, if any. NATURE: Signature of a member accordance with section 60 institutes an affirmation undim aware that any false information in the section for the secti	and cannot be more than five busin he applicable statutory filing require	ments, this date will not be li
ricle V: Effective date n effective date is listed date of filing.) e: If the date inserted in document's effective dat ricle VI: Other provisi REQUIRED SIGN (In con I ai	e, if other than the date of fill, the date must be specific in this block does not meet to te on the Department of Stations, if any. NATURE: Signature of a member accordance with section 60 institutes an affirmation undim aware that any false information in the section for the secti	and cannot be more than five businessing the applicable statutory filing require ate's records. For an authorized representative of 05.0203 (1) (b), Florida Statutes, the er the penalties of perjury that the factor mation submitted in a document to the submitted of the submitted in a document to the submitte	ments, this date will not be li

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)