Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. Daniels Capital, LLC

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FAX AUDIT#

ARTICLES OF ORGANIZATION OF Daniels Capital, LLC

ARTICLE I

NAME

The name of the limited liability company is: Daniels Capital, LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 10817 Queens Road, Port Richey, Florida 34668.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Date: September 21, 2015

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names addresses of the members of the Limited Liability Company are: William James Daniels, 10817 Queens Road, Port Richey, Florida 34668 Carolina Daniels, 10817 Queens Road, Port Richey, Florida 34668

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ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Date:

(In accordance with section 605.0203 (1) (b), Elorida 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.)

William James Daniels, Organizer

Authorized Representative

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