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TALLAHASSEE, FLORIDA

1. Bunch 001.2.6.2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPSTONE O.E.M. COMMUNITIES, 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:

Brian Louis Lipshy, Esq.

Name of Person

Saraga/Lipshy, PL

Firm/Company

201 N.E. First Avenue

Address

Delray Beach, Florida 33444

City/State and Zip Code

tspeno@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Lipshy, Esq.

561

330-0660

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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 CAPSTONE O.E.M. COMMUNITIES, LLC.

ARTICLE 2 – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

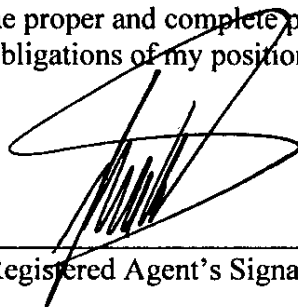
13865 West Dixie Highway
North Miami, FL 33161

ARTICLE 3 – Registered Agent, Registered Office and Registered Agent's Signature

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

SLPA, Inc.
201 NE 1st Avenue
Delray Beach, FL 33344

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

ARTICLE 4 – Management

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

The name and address of person(s) authorized to manage the Company is:

Thomas R. Speno
1848 NW 124 Way
Coral Springs, FL 33071

Adam Canter
1217 Clint Moore Road
Boca Raton, FL 33487

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ARTICLE 5 – Limitation on Agency Authority of Members

Pursuant to section 605.0201(3)(d) of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

SIGNATURE OF MEMBER OF AUTHORIZED MEMBER



Thomas R. Speno

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated therein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st I the calendar year following formation of the LLC and every year thereafter to maintain “active” status.

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