

**L17000085991**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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17 MAR 18 PM 2:53  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
CAPCSA Architect & Construction, LLC**

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

N. SAMS

APR 19 2017

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAPCSA Architect & Construction, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5137 NW 112<sup>th</sup> Ct

5137 NW 112<sup>th</sup> Ct

Doral, FL 33178

Doral, FL 33178

**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:

Roberto Esparza

Name

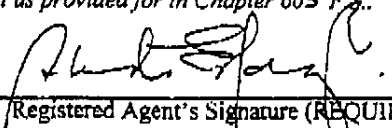
5137 NW 112<sup>th</sup> Ct

Florida Street address (P.O. Box NOT acceptable)

Doral, FL 33178

City, State, and Zip

*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)

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7

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carlos A Pastene

5137 NW 112<sup>th</sup> Ct

Doral, FL 33178

MGR

Juan S Pastene

5137 NW 112<sup>th</sup> Ct

Doral, FL 33178

MGR

Carlos M Pastene

5137 NW 112<sup>th</sup> Ct

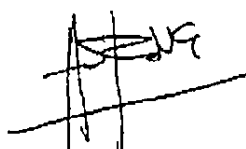
Doral, FL 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/18/2017  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida 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.817.135, F.S.)

Carlos A Pastene

Typed or printed name of signer