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(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

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M. Moon

COVER LETTER

	iling Section on of Corporations	
SUBJECT:	CONNEXCAPITAL	LLC
	Name of Li	ールー C mited Liability Company
The enclosed A	rticles of Organization and fee(s) a	re submitted for filing.
Please return al	correspondence concerning this n	natter to the following:
	Steven A	
		Name of Person
		Firm/Company
		Thirteompany
	3130 Bor	Met Pour Road
<u> </u>		Address
		<u>_</u>
	CHIPLEY, F	City/State and Zip Code
		City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
F 6 1 1 - C		
For lurther inform	nation concerning this matter, pleas	Se Call:
5	teven Aase	850 8112948
<u> </u>	Name of Person	Nrea Code Daytime Telephone Number
		, ,
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing	Fee S130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
	Certificate of Status	Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Connex Capital, LLC	
(Must contain the words "Limited Liability Co	ompany, "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:
3130 Bonnett POND RD	3130 Bonnett Pows R

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:

RANDON WIENKE

Name

3164 NATHANIEL TRACE

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

Tallahassi EL 32311

City State 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)

ANNOR DE CORGONADO A

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

27 MI: 2%