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107 J 6 2018 W: WOON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT	NO.	:	120000000195	

REFERENCE : AUTHORIZATION :

297091 4305611 COST LIMIT : 5...00

- ORDER DATE : July 12, 2018
- ORDER TIME : 9:15 AM

ORDER NO. : 297091-005

CUSTOMER NO: 4305611

DOMESTIC FILING

NAME : SEVEN ISLES CAPITAL INVESTMENTS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION XXX

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX ____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS:

COVER LETTER

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	vision of Corporations					
0115 IN COT	Seven Isles Capital Investments, L1	.C				
SUBJECT	Name of L	limited Liability	Cempany			
The enclos	ed Articles of Organization and fee(s)	are submitted to	r filing.			
Please retu	rn all correspondence concerning this (matter to the foll	lowing:			
	Vance E. Antonacci, Esquire					
		Name of Po	rson			
	McNees Wallace & Nurick LLC					
		Firm/Com	pany.			
	570 Lausch Lane, Suite 200				18	
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	Laneaster, PA 17601			•	1	;••
	VAntonacciramenceskaw.com	City/State and	Zip Code	<u>, 4, 1</u>	18 JUL 13 PAI2: 1	(i ,
	F-mail address: (to be us	sed for future ani	nual report notification)		 :2	L.
For further	information concerning this matter, ple	rase call:			C4	
	Vance E. Antonacci, Esquire	717	581-3701			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amount:					
	filing Fee S130.00 Filing Fee & Certificate of Status) Filing Fee & S160.00 Filing d Copy Certificate of S (copy is enclosed) Certified Copy (additional copy i	tatus &		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	א ז נ	<u>Street Address</u> Sew Filing Section Division of Corporations 2064 Executive Center Circle Fallahassee, PL 32304			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

:

The name of the Limited Liability Company is:

Seven Isles Capital Investments, LLC (Must contain 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:

<u>P</u> 1	rincipal Office Address:		Mailing Address:		
2328 Aqua Vis Fort Lauderdal			Aqua Vista Blvd. auderdale, FL 33301	10	
(The Limited Liability Cor another business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered Paul D. DeAngelo	Registered Agent, Y	's Signature: 50 must designate an individua	JUL 13 PAIZ	
	······································	Name			•
	2328 Aqua Vista Blvo	d			
	Florida street address	(P.O. Box <u>NOT</u> ac	ceptable)		
	Fort Lauderdale	Florida	33301		
	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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		To
"MGR" == Manager		
MGR	Paul D. DeAngelo	
	2328 Aqua Vista Blvd.	
	Fort Lauderdale, F1, 33301	Ko
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(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REOURED STGNATURE: ٠, C Ce. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Paul D. DeAngelo Typed or printed name of signce -----

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

§ 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)