Electronic Articles of Organization For Florida Limited Liability Company

L18000238975 FILED 8:00 AM October 09, 2018 Sec. Of State mdsellers

Article I

The name of the Limited Liability Company is: LE CAPITAN21 LLC

Article II

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

10451 NW 66TH ST DORAL, FL. US 33178

The mailing address of the Limited Liability Company is:

P. O. BOX 661006 MIAMI SPRINGS, FL. US 33266

Article III

Other provisions, if any:

ALL AND ANY BUSINESS PURPOSES

Article IV

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

MAGALY I MENDOZA 10451 NW 66TH ST DORAL, FL. 33178

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.

Registered Agent Signature: MAGALY MENDOZA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MBR JACKIE GONZALEZ P. O. BOX 661006 MIAMI SPRINGS, FL. 33266 US L18000238975 FILED 8:00 AM October 09, 2018 Sec. Of State mdsellers

Article VI

The effective date for this Limited Liability Company shall be:

10/05/2018

Signature of member or an authorized representative

Electronic Signature: JACKIE GONZALEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.