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# FLORIDA LIMITED LIABILITY CO. CASPI REFERRAL PARTNERS, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I- Name**

The name of the Limited Liability Company is:

CASPIREFERRAL PARTNERS, LLC

#### **ARTICLE II- Address:**

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

Principal Office Address
15800 PINES BLVD
SUITE 3021

Mailing Address
15800 PINES BLVD
SUITE 3021

PEMBROKE PINES FLORIDA 33027 PEMBROKE PINES FLORIDA 33027

#### ARTICLES III-

Other provisions if any

### ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:) (The Liability Company cannot serve as its own Register 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:

## LUIS CASTILLO 15800 PINES BLVD SUITE 3021 PEMBROKE PINES FLORIDA 33027

Having been named as register 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 register agent and agree to act in this capacity. Y further agree to compy 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 register agents as provided for in Chapter 605 FS

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Registered Agent's Signature (REQUIRED)

ARTICLES V- Manager (s) or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

LUIS CASTILLO EMMA PILARTE

AMGR' = Manager AMGR' = Manager

Name

Address:

LUIS CASTILLO

15800 PINES BLVD SUITE 3021 PEMBROKE PINES FLORIDA 33027

EMMA PILARTE

15800 PINES BLVD SUITE 2021 PEMBROKE PINES FLORIDA 33027

ARTICLE VI: effective date, if other than the date filing 10/24/18 (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 filing)

#### REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member

(In accordance with section 608.408.3 Florida Statutes the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true)

LUIS CASTILLO

EMMA PILARTE

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