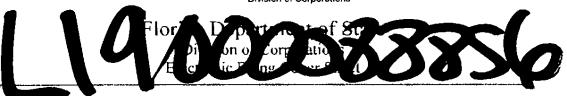
4/3/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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.

OneFour Captial Management LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OneFour Captial M	anagement LLC				
(Must con	ntain the words "Limited	d Liability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited I	liability Company is:		
Princi	pai Office Address:		Mailing Address:		
100 South Beach Ro	oad, Unit 902	100 S	outh Beach Road, Unit 902		
Jupiter, Fl 33469			Jupiter, Fl 13469		
ARTICLE III - Registered Ag	y cannot serve as its own	Jupite Jupite Registered Agent Registered Agent	r, FI 33469 's Signature:	il or	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registrati	Jupite , & Registered Agent n Registered Agent. Youn.)	r, FI 33469 's Signature:	19	
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	y cannot serve as its own active Florida registrati address of the registere C T Corporation Sy: 1200 South Pine Isl	Jupite , & Registered Agent. Youn.) on.) d agent are: stem Name	r, FI 33469 's Signature: ou mest designate an individue	19 APR -3	

Having been numed 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.

Cyr Corporation System

Peter Trawinski Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	ARTICLE IV			, ,	٠.
	The name and address of each person authorized	I to manage and control the Limit	ed Liability Compan	iya 🔄 ggara 📥	
	Title:	Name and Address:		- I - G	>
	"AMBR" = Authorized Member "MGR" = Manager				ָּי ַ
	ANBR	Brian J. Mitchell		- SS	,
		100 South Beach Road, Unit 9	02)
		Jupiter, FL 33469		_ಿ ್ಲಿ 🃚	
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