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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

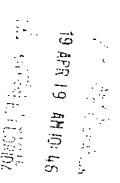
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SUBJECT	Fin Cap Florida, LLC
ODJECI	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Alejandro Suarez
	Name of Person
	Suarez Law Group, PLLC
	Firm/Company
	9442 N. Capital of Texas Hwy Plaza One, Suite 500
	Address
	Austin, TX 78759
	City/State and Zip Code asuarez@suarezlawgroup.us
	E-mail address: (to be used for future annual report notification)
or further i	nformation concerning this matter, please call:
	Alejandro Suarez 512 666-3010
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

Street Address

New Filing Section Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fin Cap Florida, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Carretera Leon Cueramaro Km 13	Suarez Law Group, PLLC
San Francisco del Rincon	9442 N. Capital of Texas Hwy., Ste I-500

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:

Guanajuato, Mexico 36440

	Name	
7901 4th St. North, Ste.	. 300	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St. Petersburg	FL	33702
City	State	Zip

Austin, Texas 78759

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..

Bill Havre
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 APR 19 A

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

"MGR" = Manager Arturo B. Torres Fox Carretera Loon Cueramaro Km 13 San Francisco del Rincon, Guenajuato, GTO, Mexico 36440 [Use attachment if necessary] ICLE V: Effective date, if other than the date of filing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Alagandro Suarag 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. Alejandro Suarez Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	"MGR" = Manager		
Aduro B. Torres Fox Carretera Leon Cueramaro Km 13 San Francisco eel Rincon, Guanajuato, GTO, Mexico 36440 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afte ate of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Alejandro Suarez Typed or printed name of 50, 2020 (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. Alejandro Suarez Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	<u> </u>		
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