

Division of Corporations

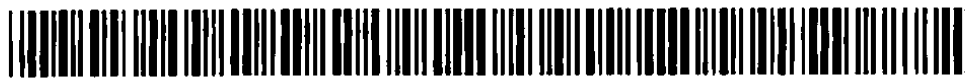
Page 1 of 2

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

19 AUG 20 PM 9:34  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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.  
WYNATCHER MORABITO LLC**

\*\*\*I WAS ADVISED THAT  
THE FILING  
WAS NEVER REC'D AND  
TO RE-FAX.  
PLEASE PROVIDE THE  
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SUBMISSION DATE OF 8/15/19\*\*\*

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wyncatcher Morabito 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:

Principal Office Address:1691 Michigan Avenue, Suite 440  
Miami Beach, FL 33139Mailing Address:1691 Michigan Avenue, Suite 440  
Miami Beach, FL 33139

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd FlFlorida street address (P.O. Box NOT acceptable)Tallahassee FL 32301

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.

Janine Bequette, Asst. Sec. on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Valerio Morabito, 1691 Michigan Avenue,  
Suite 440, Miami Beach, FL 33139

(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.)

**Note:** 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.

**REQUIRED SIGNATURE:**

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.

Valerio Morabito

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**Taylor Seay**

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**From:** faxfinder@capitol-services.com  
**Sent:** Thursday, August 15, 2019 8:49 AM  
**To:** Taylor Seay  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20190815\_074900\_00002606-0000.pdf

Create Time: 08/15/2019 07:47:07 AM  
Schedule Time: 08/15/2019 07:49:00 AM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Taylor Seay  
Sender email: tseay@capitol-services.com  
Sender phone: 855-498-5500  
Sender fax: 800-432-3622  
Sender org: Capitol Services, Inc.  
Subject:  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 4  
Recipient fax: 850-617-6381  
Recipient phone:  
Recipient name:  
Recipient org: FL SOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

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WAS NEVER REC'D AND TO RE-FAX.  
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