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TALLAHASSEE, FL

2019 SEP 20 AM 9:26

**FLORIDA LIMITED LIABILITY CO.
ALPHA TITAN CAPITAL MANAGEMENT, LLC**

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SEP 23 2019

**ARTICLES OF ORGANIZATION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I:

The name of the limited liability company shall be:

ALPHA TITAN CAPITAL MANAGEMENT, LLC

ARTICLE II:

The mailing address and the street address of the principal office of the limited liability company shall be:

**8724 S.W. 72nd Street, Suite 375
Miami, FL 33173**

ARTICLE III:

The name and street address of the initial Registered Agent of the corporation shall be:

**JIM DIAZ
8724 S.W. 72nd Street, Suite 375
Miami, FL 33173**

The name and Florida street address of the limited liability company's registered agent. The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position. P.O. Boxes are not acceptable.

ARTICLE IV

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

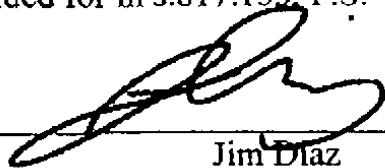
**JIM DIAZ, MGR
8724 S.W. 72nd Street, Suite 375
Miami, FL 33173**

ARTICLE V

This Limited Liability Corporation shall commence existence on **September 19, 2019** shall have perpetual existence.

ARTICLE VI – Signature of 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.

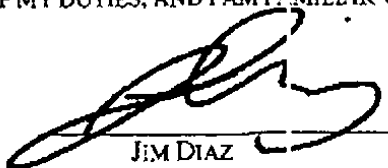


Jim Diaz

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE OF****ALPHA TITAN CAPITAL MANAGEMENT, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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.

Signature:
Registered Agent:


JIM DIAZ

ADDRESS: 8724 S.W. 72ND STREET, SUITE 375
CITY OF: MIAMI COUNTY OF: MIAMI-DADE STATE OF: FLORIDA

2019 SEP 20 AM 9:26
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TALLAHASSEE, FL