

To: 18506176381 From: 14693173436 Date: 10/03/19 Page: 01/03

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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.
Capitable, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

S. TALLENT

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ARTICLES OF ORGANIZATION OF CAPITABLE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

CAPITABLE, LLC.

ARTICLE II - ADDRESS

The mailing address is 8219 SW 85 Terrace, Miami, FL 33143 and the street address of the principal office of the Limited Liability Company is 8219 SW 85 Terrace, Miami, FL 33143.

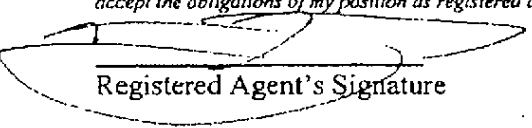
ARTICLE III - REGISTERED AGENT

(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 street address of the initial registered agent are:

Giorgio L. Ramirez, Esq.
7300 N. Kendall Drive, Suite 520
Miami, FL 33156

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..


Registered Agent's Signature

ARTICLE IV - AUTHORIZED MEMBER(S) OR MANAGER(S)

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

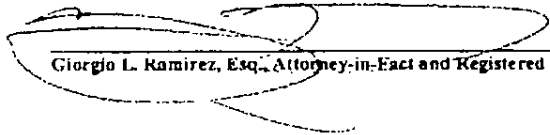
AMBR	Miguel Mansur
	8219 SW 85 Terrace
	Miami, FL 33143

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Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.)



Giorgio L. Ramirez, Esq., Attorney-in-Fact and Registered Agent

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