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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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| | ew Filing Section ivision of Corporations |
|----------------|--|
| SUBJECT | Entrust Capital, LLC |
| SOBJECT | 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: |
| | Victor Wagner |
| | Name of Person |
| | P'(O |
| | Firm/Company |
| | 3812 San Lorenzo Drive |
| | Address |
| | Punta Gorda, FL 33950 |
| | City/State and Zip Code |
| | victorwag@att.net |
| | E-mail address: (to be used for future annual report notification) |
| For further in | nformation concerning this matter, please call: |
| | W . W |

Victor Wagner 916-8037 Name of Person Daytime Telephone Number Area Code

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Entrust Capital, LLC | 2 | | | |
|--|---|---|--|--|
| | atin the words "Limited Lia | ability Company. | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street a | ddress of the principal office | ce of the Limited | Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 3812 San Lorenzo Drive | | 3812 San Lorenzo Drive | | |
| | | | | |
| Punta Gorda, FL 33 | 950 ent, Registered Office, & y cannot serve as its own Ro | Pun Registered Age egistered Agent. | ta Gorda, FL 33950 | |
| Punta Gorda, FL 33 ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an | ent, Registered Office, & y cannot serve as its own Re active Florida registration. | Registered Age egistered Agent. | ta Gorda, FL 33950 nt's Signature: | |
| Punta Gorda, FL 33 ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an | gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as Victor Wagner | Registered Age egistered Agent.) gent are: | ta Gorda, FL 33950 nt's Signature: | |
| Punta Gorda, FL 33 ARTICLE III - Registered Ag (The Limited Liability Compan) | gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as Victor Wagner | Registered Age egistered Agent. | ta Gorda, FL 33950 nt's Signature: | |
| ARTICLE III - Registered Ag (The Limited Liability Companionother business entity with an | gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as Victor Wagner | Registered Age egistered Agent.) gent are: | ta Gorda, FL 33950 nt's Signature: | |
| ARTICLE III - Registered Ag (The Limited Liability Companionother business entity with an | gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as Victor Wagner | Registered Age egistered Agent.) gent are: | ta Gorda, FL 33950 nt's Signature: You must designate an individual o | |
| ARTICLE III - Registered Ag (The Limited Liability Companionother business entity with an | ent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as Victor Wagner | Registered Age egistered Agent.) gent are: | ta Gorda, FL 33950 nt's Signature: You must designate an individual o | |

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 (REQUIRED)

(CONTINUED)

2020 MAR 20 PM 2:5; SECRETARY OF STATE

ARTICLE IV-

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

| | horized Member | Name and Address: | |
|---------------------------------------|--|--|--|
| "MGR" = Mana | | | |
| | 501 | Victor Wagner | |
| MGR | | 3812 San Lorenzo Drive | |
| | Punta Gorda, FL 33950 | | |
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| S125.00 Filing \$ 30.00 Certi | Signature of a me This document is execut I am aware that any false constitutes a third degree | ember or an authorized representative of a member of submitted in a document to the Depart of Felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent | per. 2020 MAR ment of State |