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To:

Division of Corporations

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: (850)617-6381

: (305)485-1098

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017 Phone : (305)485-9300

\*\*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. CAPRICUTS LLC

Certificate of Status	0	
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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 EH.: (305) 485-9300

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CAPRICUTS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

CAPRICUTS, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

3251 N UNIVERSITY DR, SUITE # 22 CORAL SPRINGS, FL. 33071

The mailing address shall be:

10298 HARBOR INN CT CORAL SPRINGS, FL. 33071

AGENT'S SIGNATURE:

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED

The name and the Florida street address of the registered agent are:

**GLORIA CASTANO** 

10298 HARBOR INN CT
Florida Street address (P.O.BOX NOT acceptable)
CORAL SPRINGS, FL. 33071
City, State, and Zip

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MAMI, FL 33155 131.: (305) 485-9300

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- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

GLORIA CASTANO 10298 HARBOR INN CT CORAL SPRINGS, FL. 33071 **MANAGER** 

PR JUN -3 PM 2:55

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.)

**GLORIA CASTANO** 

Typed or printed name of signee