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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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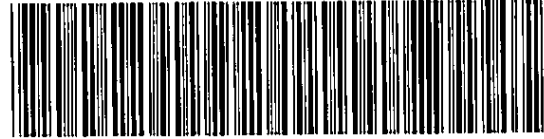
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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LAW OFFICE OF  
**KEVIN F. JURSKI**  
& ASSOCIATES  
REAL ESTATE • BUSINESS • CONSTRUCTION

August 25, 2020

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 239 CAPITAL LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

*Kevin F. Jursinski*

KEVIN F. JURSKI, B.C.S.  
(signed in absence to avoid delay)

KFJ/h  
Enclosure

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION OF**  
**239 CAPITAL LLC**

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**NAME**

The name of the limited liability company shall be **239 CAPITAL LLC** (the "Company").

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 15701 S. Tamiami Trail, Fort Myers, Florida 33908.

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows:

Kevin F. Jursinski, Esquire  
15701 S. Tamiami Trail  
Fort Myers, Florida 33908

**MANAGEMENT**

The Company shall be manager-managed, whose name(s) and address are as follows:

Corey Kamyszczek  
PO Box 9  
Estero, FL 33929

### **MEMBERSHIP**

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

### **EFFECTIVE DATE OF FILING**

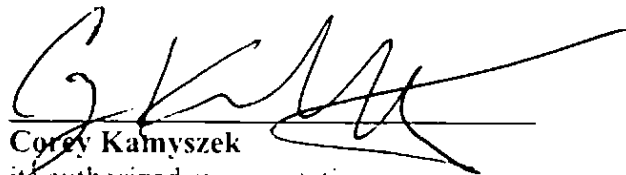
Pursuant to Florida Statute 605.0207 the effective date of filing of these article of organization and commencement of the existence of this Limited Liability Company shall be the date of execution.

### **CORRESPONDENCE AND EMAIL ADDRESS**

The following is the address and email address for all correspondence to the limited liability company:

Corey Kamyszek  
PO Box 9  
Estero, FL 33929  
Email: [239capital@gmail.com](mailto:239capital@gmail.com)

Executed by the undersigned members at Fort Myers, Florida, on this 25<sup>th</sup> day of August, 2020.

  
Corey Kamyszek  
its authorized representative

(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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.)

STATE OF Florida  
COUNTY OF Lee SS:

The foregoing instrument was sworn to and acknowledged before me, an officer duly authorized in the State and County aforesaid, by means of ☒ physical presence, or ☐ online notarization, this 25 day of August, 2020, by Corey Kamyszek, who executed the foregoing instrument and who did take an oath.

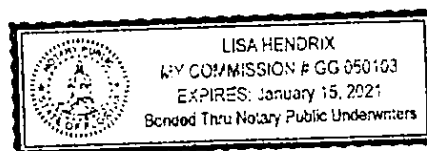
WITNESS my hand and official seal in the County and State last aforesaid this 25 day of August, 2020.

Lisa Hendrix  
NOTARY PUBLIC  
(Typed/printed name) Lisa Hendrix  
Notary Commission No.: 20050103

My Commission Expires: 1/15/2021

Personally Known or Produced Identification

Type of Identification Produced                     



**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE  
AND REGISTERED AGENT**

**PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is **239 CAPITAL LLC.**

The name of the initial registered agent of the limited liability company is Kevin F. Jursinski, Esquire and the address of the office of the registered agent is 15701 S. Tamiami Trail, Fort Myers, Florida 33908.

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25<sup>th</sup> day of August, 2020.

  
\_\_\_\_\_  
KEVIN F. JURSKINSKI, ESQUIRE

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