

L20000319853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

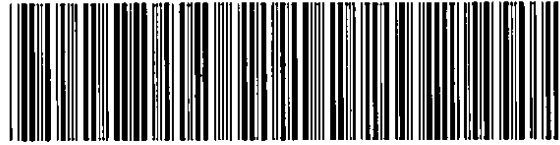
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900353726079

10/19/20--01001--004 \*\*125.00

FILED

2020 OCT 16 PM 2:47

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 OCT 16 AM 8:36

FILED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TERNATE CAPITAL LLC

Signature \_\_\_\_\_

Requested by: SETH

10/14/20

Time \_\_\_\_\_

Date

Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

FILED

2020 OCT 16 AM 8:36

ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE  
TALLAHASSEE, FL

ALTERNATE CAPITAL LLC

These Articles of Organization of ALTERNATE CAPITAL LLC (the "Company") have been duly executed and are being filed by the undersigned authorized representative of the member to form a Florida limited liability company under the Florida Revised Limited Liability Company Act (Florida Statutes Chapter 605) as follows:

ARTICLE I

Name

The name of the limited liability company formed hereby is **ALTERNATE CAPITAL LLC**.

ARTICLE II

Principal Place of Business and Mailing Address

The initial principal place of business address and mailing address of the Company is 782 NW LEJEUNE ROAD, SUITE 637, MIAMI, FL 33126.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the registered agent and registered office of the Company is JLG CORPORATE SERVICES INC., 1805 Ponce de Leon Blvd, Suite 400, Coral Gables, Florida 33134.

ARTICLE IV

Management

The name and address of the initial Manager is **ADRIAN D. FERRADAZ**, 782 NW LEJEUNE ROAD, SUITE 637, MIAMI, FL 33126.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization on the 16<sup>th</sup> day of October 2020.

By:

Jorge L. Gurian

Jorge L. Gurian, Esq.

Authorized Representative of the 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).

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OF THE FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

The name of the limited liability company is:

**ALTERNATE CAPITAL LLC**

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

JLG CORPORATE SERVICES INC.  
1805 PONCE DE LEON BLVD. SUITE 400  
CORAL GABLES, FL 33134

*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 the 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 in Chapter 605, F.S.*

By: *Jorge Gurian*  
Jorge L. Gurian, Esq.

Date: 10/15/2020

2020 OCT 16 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED