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(Requestor's Name)

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(City/State/Zip/Phone #)

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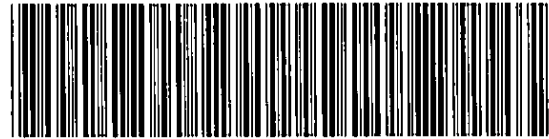
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

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

CAPITOL CONCEPTS CONSULTING, LLC

____ 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 _____

Signature _____

Requested by: BA

1/15/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
CAPITOL CONCEPTS CONSULTING, LLC

AGREEMENT made as of the 14 day of January, 2021, by **TED S. YOHO**,
(hereinafter the Member or Member(s));

NOW THEREFORE, it is mutually agreed as follows:

ARTICLE I
FORMATION OF LIMITED LIABILITY COMPANY

The Member hereby creates a limited liability company (the "LLC") under Chapter 605, Florida Statutes, the laws of the State of Florida (the "Act") for the purposes described in Article III below.

ARTICLE II
NAME

The name of the LLC shall be **CAPITOL CONCEPTS CONSULTING, LLC**, or such other name selected by the Member(s) as may be acceptable to the appropriate recording official of the State of Florida.

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REC'D

ARTICLE III
PURPOSES AND POWERS

The LLC is organized for any legal and lawful purposed for which a limited liability company may be organized pursuant to the Act. The LLC shall have all the powers granted to a limited liability company under the laws of the State of Florida.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the LLC to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

ARTICLE IV
PRINCIPAL PLACE OF BUSINESS

The mailing address of the principal office of the LLC shall be P. O. Box 1104, Welaka, Florida 32193, and the street address of the principal office of the LLC shall be 664 3rd Avenue, Welaka, FL 32193, or at such other location as may be agreed in writing by the Member(s).

ARTICLE V

DURATION

This Agreement shall become effective on the date hereof, and the LLC shall have perpetual existence.

ARTICLE VI

LIMITED LIABILITY COMPANY POWERS

All the LLC powers shall be exercised by or under the authority of, and the business and affairs of this LLC shall be managed under the direction of the Manager of this LLC.

ARTICLE VII

MANAGEMENT

The LLC is to be managed by a Manager, and is, therefore, a manager-managed company. The name and address of such Manager who is to serve as Manager is:

NAME

TED S. YOHO

ADDRESS

**P. O. Box 1104
Welaka, FL 32193**

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FILED

ARTICLE VIII

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the LLC is 5608 NW 43rd Street, City of Gainesville, County of Alachua, State of Florida 32653, and the name of its initial registered agent at such address is **CHARLES I. HOLDEN, JR.**

The undersigned, being the original Member of the LLC, hereby certifies that the foregoing constitutes the proposed Articles of Organization of **CAPITOL CONCEPTS CONSULTING, LLC, a Florida limited liability company.**

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge

them to be my act this 14 day of January, 2021.


TED S. YOHO

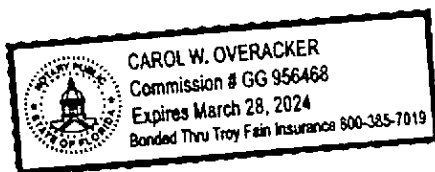
Member


STATE OF FLORIDA
COUNTY OF ALACHUA

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The foregoing document was acknowledged before me this 14 day of January, 2021, by TED S. YOHO, by means of ☒ **physical presence** or ☐ **online notarization**. Said person is personally known to me to be the person described herein.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of January, 2021.




NOTARY PUBLIC
Printed Name: _____
Commission No.: _____

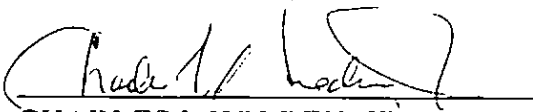
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is **CAPITOL CONCEPTS CONSULTING, LLC.**
- (2) The name and address of the registered agent and office is **CHARLES I. HOLDEN, JR, 5608 NW 43rd Street, Gainesville, Alachua County, Florida 32653.**

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: 1-14, 2021.


CHARLES I. HOLDEN, JR.
Registered Agent