

4/25/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000170026 3)))



H210001700263ABCT

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : Vcorp Services, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number : (845)818-3588

**\*\*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.  
PYLON CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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April 29, 2021

VCORP SERVICES, LLC

SUBJECT: PYLON CAPITAL LLC  
REF: W21000058824

2021 MAY -3 PM 5:00

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000050208.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko  
Regulatory Specialist II  
New Filings

FAX Aud. #: H21000170026  
Letter Number: 521A00008922

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PYLON PERPETUAL CAPITAL LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4300 Biscayne Blvd Suite 203  
Miami FL 33137Mailing Address:4300 Biscayne Blvd Suite 203  
Miami FL 33137

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carlo Vicari

Name

4300 Biscayne Blvd Suite 203Florida street address (P.O. Box NOT acceptable)Miami

City

FL

State

33137

Zip

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.

Carlo Vicari

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -3 PM 5:03

**ARTICLE IV-**

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

Title:

"AMBR" -- Authorized Member

"MGR" -- Manager

Name and Address:

AMBR \_\_\_\_\_

Carlo Vicari \_\_\_\_\_

4300 Biscayne Blvd Suite 203 \_\_\_\_\_

Miami FL 33137 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Carlo Vicari*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

Carlo Vicari \_\_\_\_\_

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021-05-03 16:54:01