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CAPITAL CONNECTION, INC.

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06 Truman Ave Uni	t 1, LLC	
	-	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
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		Merger File
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		Dissolution / Withdrawal
		Annual Report / Reinstatement
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		Certificate of Fictitious Name
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COVER LETTER

	iew Filing Section of Cor						
SUBJECT	•	Ave Unit 1, LLC					
SUBJECT	ı:	Name o	f Limi	ted Liabili	ly Company		
The enclos	sed Articles of	Organization and fee(s) are	submitted	for filing.		
Please retu	ım all correspo	ndence concerning th	is matt	er to the fo	ollowing:		
	Gregory S. O	ropeza, Esq.					
				Name of	Person		
	Oropeza, Sto	nes & Cardenas, PLL	C				
	4 2 72			Firm/Co	mpany		
	221 Simonto	n Street					
				Addre	ess		
	Key West, Fl	L 33040					
	litelaw@aol.co	om	Cit	y/State and	l Zip Code		
			used f	or future a	nnual report notificati	on)	
For further i	information cor	ncerning this matter, p	olease (call:			
	Gae Ganister		305 it (294-0252		
	Name	e of Person			Daytime Telephone		
Enclosed i	is a check for th	ne following amount:					
□\$125.00	0 Filing Fee	□S130.00 Filing F Certificate of Statu		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 F Certificate o Certified Co (additional cop	f Status & py
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810	

COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC	605 Truma	n Ave Unit 1, LLC			
SOBJEC		Name of Lim	ited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerning this mat	ter to the	following:	
	Gregory S. C	Oropeza, Esq.			
	·		Name of	Person	
	Oropeza, Sto	ones & Cardenas, PLLC			
	-	· · · · · · · · · · · · · · · · · · ·	Firm/Co		
	221 Simonto	n Street			
			Addı	ress	
	Key West, F	L 33040			
			ty/State an	d Zip Code	
	litelaw@aol.c		c c.		
		E-mail address: (to be used		innuai report notificati	on)
For further	information co	ncerning this matter, please	call:		
	Gae Ganister	30: at (5	294-0252	
	Nan		ea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
	00 Filing Fee	_	Certifi	5.00 Filing Fee & led Copy all copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Filing Section on of Corporations Box 6327 assee FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee FL 3230	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

606 Truman Ave Un	nit I. LLC				
	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street :	nddress of the principal of	office of the Limited	Liability Company is:		
<u>Princi</u>	nal Office Address:		Mailing Address:		
606 Truman Avenue Key West, FL 33040			22 Jay Court Sayville, NY 11782		
TO WEST, TE JOHN			1110, 111 11100		
another business entity with an	active Florida registrati	on.)	You must designate an individual or		
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registrati address of the registere Gregory S. Oropeza	n Registered Agent. \ on.) d agent are: Name			
another business entity with an	active Florida registrati address of the registere Gregory S. Oropeza 221 Simonton Street	n Registered Agent. \ on.) d agent are: Name	You must designate an individual or		
another business entity with an	active Florida registrati address of the registere Gregory S. Oropeza 221 Simonton Street Florida street addre	n Registered Agent. Non.) d agent are: Name t ss (P.O. Box NOT ac	You must designate an individual or		
another business entity with an	active Florida registrati address of the registere Gregory S. Oropeza 221 Simonton Street	n Registered Agent. \ on.) d agent are: Name	You must designate an individual or		

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Caplite Holding Corp., a New York corporation	
ANADA	22 Jay Court Sayville, NY 11782	
		
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	c of filing:	prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE 1d by:		
Justin Lite		
This document is exect I am aware that any fals	ember or an authorized representative of a membited in accordance with section 605.0203 (1) (b), Florie information submitted in a document to the Department felony as provided for in s.817.155, F.S.	rida Statutes.
Justin Lite, as V	P of Caplite Holding Corp.	_
	Typed or printed name of signee	ر

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)