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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
CAPTAINS APA LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
CAPTAINS APA LLC

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The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (the "Company") is:

CAPTAINS APA LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is 437 North Hibiscus Drive, Miami Beach, Florida 33139.

ARTICLE III — Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Jerry J. Sokol
437 North Hibiscus Drive
Miami Beach, Florida 33139

ARTICLE V — Management:

The Company will be a member-managed company, and Jerry J. Sokol, 437 North Hibiscus Drive, Miami Beach, Florida 33139 is the member-manager.

ARTICLE VI — Indemnification:

The Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.

s/s Jerry J. Sokol _____
Jerry J. Sokol
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

CAPTAINS APA LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

s/s Jerry J. Sokol
Jerry J. Sokol

Dated: December 17, 2021

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