Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.

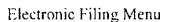
Email	Address:		

FLORIDA LIMITED LIABILITY CO.

Bequest Capital LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00





Corporate Filing Menu

Help

To: +18508176381 \

ARTICLE I - Name: The name of the Limited Liability Company is: Bequest Capital LLC (Must end with 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: Mailing Address: 2 N Tamiami Trail, Suite 710 2 N Tamiami Trail, Suite 710 Sarasota, FL 34236 Sarasota, FL 34236 ARTICLE III - Registered Agent, Registered Office, & 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:

Martin Saenz		
	Name	
2 N Tamiami Trail, S	Suite 710	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Sarasota	FL	34236
City	State	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. [1] 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From: Vcorp Services, LLC

ARTICLE IV-

Puge: 3 of 3

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Shawn Muneio		
The state of the s	2 N Tamiami Trail, Suite 710		
	Sarasota, FL 34236		
MGR	Kuveh Mehregan		
	2 N Tamiami Trail, Suite 710		
	Sarnsota, FL 34236		
AMBR	Amanda Mehregan		
	2 N Tamiami Trail, Suite 710		
	Sarasota, FL 34236		
MCD	Martin Saenz		
MGR	2 N Tamiami Trail, Suite 710		
	Sarasota, FL 34236		
	dirasta, 1 D 34230		
(Use attachment if necessary)			
A TOTAL TO BY. I Consider the of selection that the data of China	(CAPTICALAL)		
ARTICLE V: Effective date, if other than the date of filing	nd cannot be more than five business days prior to or 90 days after		
the date of filing.)	and cannot be more than ove quaters days prior to by yours after		
	e applicable statutory filing requirements, this date will not be listed as		
the document's effective date on the Department of State			
ARTICLE VI: Other provisions, if any.			
ARTICLE IV Continued: AMBR - Ruth Saenz, 2 N Tan			
AMBR - Tiffany Muneio, 2 N Tamiami Trail, Suite 710	, Sarasota, FL 34236		
REQUIRED SIGNATURE:			
REMINED SIGNATURE.			
migh	/		
Signature of a member	or an authorized representative of a member.		
This document is executed in a	accordance with section 605.0203 (1) (b), Florida Statutes.		
	nation submitted in a document to the Department of State		
constitutes a third degree felon	y as provided for in s.817.155, F.S.		

Martin Saenz

Typed or printed name of signee

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)