

2/5/22, 9:00 PM

Division of Corporations

L2200059503
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITAL LEGAL GROUP PA

Account Number : I20210000025

Phone : (305)676-0924

Fax Number : (305)676-0924

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lshapiro@clglaws.com

FLORIDA LIMITED LIABILITY CO.**Capital Enterprise Solutions, LLC**

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

HL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT:** Capital Enterprise Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Shapiro

Name of Person

Capital Legal Group, PA

Firm/Company

1110 Brickell Avenue, Suite 505

Address

Miami, FL 33131

City/State and Zip Code

lshapiro@clglaws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapiro

305

676-0924

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**Mailing Address**New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address**New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Capital Enterprise Solutions, 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:1110 Brickell AvenueSuite 505Miami, FL 33131**Mailing Address:**1110 Brickell AvenueSuite 505Miami, FL 33131**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:

Lauren Shapiro

Name

1110 Brickell Avenue, Suite 505Florida street address (P.O. Box **NOT** acceptable)MiamiFL33131

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. 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.

Lauren Shapiro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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