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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**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. MI CAPITAL, LLC

Certificate of Status	0
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COVER LETTER

	New Filing Sec Division of Co				
cum ma	MI Capital	, LLC			
Name of Limited Liability Company					
The enclo	osed Articles of	Organization and fec(s) are	submitted for filing.		
Please ret	um all correspo	ondence concerning this ma	atter to the following:	7118 750 2022	
	Keith Short			AHA AHA	
	. =		Name of Person	- - 5 5	
	Coats Rose,	P.C.			
Firm/Company		· FEOR			
	9 Стеспиву	Plaza, Suite 1000		IAFE LORIDA	
Address					
	Houston, Te				
			ity/State and Zip Code		
	kshort@coats	rose.com	A		
	I	E-mail address: (to be used	for future annual report notificati	on)	
or further	information co	ncerning this matter, please	call:		
	Keith Short	71 ar (3 653-7337		
	Natn	e of Person Ar	ea Code Daytime Telephon	e Number	
Enclosed	is a check for ti	he following amount:			
□\$125.0¢	0 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)	
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P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, PL 32303			

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is MI CAPITAL, LLC.
- 2. The mailing address and street address of the principal office of the limited liability is:

9801 Fondren Road Houston, Texas 77096

The name and the Florida street address of the registered agent are: 3.

> David Appel One SE Third Avenue, Suite 1100 Miami, Florida 33131

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 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 positions as registered agent as provided for in Chapter 605, Florida Storias

By: registered Agent

4,_ This name and address of each person authorized to manage and control the limited liability company are:

> Meir (Mike) Izak, Manager 9801 Fondren Road Houston, Texas 77096

> > [Signature Page Immediately Follows]

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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.

DATED MARCH 7 , 2022.

By:

MEIR (MIKE) IZAK, Manager

2822 MAR -7 AM 6: 1