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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. CAPTIVA 10770, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

ARTICLE I - Name: The name of the Limited Liability Company is:

Captiva 10770, 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:

1825 NW 112 Ave, Suite 152

1825 NW 112 Ave, Suite 152

Miami, FL 33172

Miami, FL 33172

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

Antonio Venezia

1825 NW 112 Ave, Suite 152 Miami, FL 33172

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.

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

CASLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALL ANASSEE FLORIDA

ENED EN 12: 04

ARTICLE IV - Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

Name and Address:

Manager

Antonio Venezia

Manager

Dennys Marjori Chavez

Address: 1825 NW 112 Ave, Suite 152, Miami, FL 33172

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Antonio Venezia

Typed or printed name of signee

CABLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATION