

L23000088543

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 tax audit number (shown below) on the top and bottom of all pages of the document.

((H23000071414 3))



H230000714143^BCW

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 : RASI
 Account Number : 12022000023
 Phone : (800)221-2972
 Fax Number : (917)243-5843

****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.
 SAL FLORIDA CAPITAL, LLC**

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

2023 FEB 24 PM 1:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FEB 24 PM 2:48

FILED

DocuSign Envelope ID: 2BE85FCB-C09C-4665-B4E3-FB52139F44FF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAL FLORIDA 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:

200 Rector Pl, 22B, New York, NY 10280

Mailing Address:

200 Rector Pl, 22B, New York, NY 10280

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:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr, Suite A

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301

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.



Mackenzie Hibler, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|--|
| "AMBR" Authorized Member | |
| "MGR" Manager | |
| <u>MGR</u> | <u>Scott Michael Lappetito</u> <u>200 Rector Pl, 32B, New York, NY 10280</u> |
| <u>MGR</u> | <u>Angela Lee Lappetito</u> <u>200 Rector Pl, 32B, New York, NY 10280</u> |
| <u>AMBR</u> | <u>SAL CAPITAL VENTURES LIMITED PARTNERSHIP</u> <u>200 Rector Pl, 32B, New York, NY 10280</u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

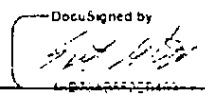
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

Scott Michael Lappetito
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)