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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/08/23

NAME: KAPUR CAPITAL, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Kapur Capital, LLC		
(Must end with the words "Limited Liab	ility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Lin	nited Liability Company is:
Principal Office Address:		Mailing Address:
1300 S. Miami Avenue		1300 S. Miami Avenue
Miami, FL 33130		Miami, FL 33130
The name and the Florida street address of the registered agent	ED	
Nam	ne	
155 OFFICE PLAZA DR IST	r fl.r	
Florida street address (P.O	. Box NO	T acceptable)
TALLAHASSEE	FL	32301
City	State	Zip
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	ent as regi, to the pro	stered agent and agree to act in this capacity. I
Please see attach	ed.	
Registered A	gent's Sig	mature (REQUIRED)
	NTINUE	D)

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2023 July 8 PH 3: 21

Fitle: 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager MGR and AMBR	Arium Vonus
WOK BIR HINEK	Arjun Kapur
	1300 S. Miami Avenue, 4905 Miami, Florida 33130
	
V: Effective date, if other than the dative date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
filing.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
V: Effective date, if other than the dative date is listed, the date must be s filing.) the date inserted in this block does not ent's effective date on the Department.	meet the applicable statutory filing requirements, this date will not tof State's records.
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V: Effective date, if other than the dative date is listed, the date must be sfiling.) The date inserted in this block does not ent's effective date on the Department of the	meet the applicable statutory filing requirements, this date will not tof State's records. The state of State of a member of an authorized representative of a member of state of stat

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 06/08/2023

ENTITY NAME: Kapur Capital, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

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