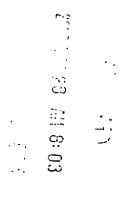
# L23000439974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# COVER LETTER

TO: New Filing Section

Div	ision of Cor	rporations								
SUBJECT:	717 Capital Partners LLC T:									
Sobsect.		Name	of Limited L	iability Compa	ıny					
The enclosed	d Articles of	Organization and fee	(s) are subm	itted for filing.						
Please return	ı all correspo	ondence concerning th	nis matter to	the following:						
(	Gabriela Hay	yre								
	*		Nan	ne of Person						
2	Zenbusiness	Inc.								
-	Firm/Company 336 E. College Ave. Suite 301									
-										
_				Address						
,	Tallahassee,	FL 32301								
- fu	ılfillment@z	enbusiness.com	City/Sta	te and Zip Cod	e					
_	ŀ	E-mail address: (to be	used for fut	ure annual repo	ort notificat	ion)				
For further inf	ormation co	ncerning this matter,	please call:							
C	Gabriela Hay		884 at (	493-624	49					
_	Nam	e of Person	Area Co	de Daytim	ne Telephon	e Number				
Enclosed is a	a check for th	ne following amount:								
■\$125.00 F	îling Fee	□\$130.00 Filing F Certificate of State	is Co	\$155.00 Filing ertified Copy itional copy is	-	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
		g Address		Street Ad						
	New Filing Section			New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
Division of Corporations P.O. Box 6327										
		assee, FL 32314		Tallahassee, Fl. 32303						

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	pility Company is:				
717 Capital Partn					
(Must c	ontain the words "Limited I	Liability Compar	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	et address of the principal of	ffice of the Limit	ed Liability Company is:		
Prin	cipal Office Address:		Mailing Address:		
2290 NW 75th Way			2290 NW 75th Way		
Pembroke Pines,	FL 33024	<u>P</u>	Pembroke Pines, FL 33024		
ARTICLE III - Registered . (The Limited Liability Companother business entity with a companion of the formal and the Florida street, and the Florida s	any cannot serve as its own an active Florida registration	Registered Agen	gent's Signature: t. You must designate an individual or	86 t 11 t 3	
	Daniel Restrepo Beta	ncur			
		Name	Box <u>NOT</u> acceptable)		
	2290 NW 75th Way				
	Florida street address	(P.O. Box <u><b>NO</b>)</u>			
	Pembroke Pines	FL	33024		
	City	State	Zip		
place designated in this certific further agree to comply with the	ate. I hereby accept the appo e provisions of all statutes re e obligations of my position o	ointment as regist lating to the prof is registered age.	the above stated limited liability company ered agent and agree to act in this capac per and complete performance of my duti nt as provided for in Chapter 605, F.S	city. T	

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Members	er	
"MGR" = Manager		
AMBR	Luis Ignacio Aleixandre Riobueno	<del></del> _
	435 W 31st Street 50B New York, NY 10001	<del></del> _
	New Fork, NT 10001	
		£'~4
AMBR	Daniel Restrepo Betancur	<u>;</u>
	2290 NW 75th Way	-
	Pembroke Pines, FL 33024	<u>.</u> 2:5
		ČŠ
AMBR	Juan Manuel Fernandez-Capalleja Gomez	*****
	435 W 31st Street 59C	<del></del>
	New York, NY 10001	
		<del></del>
		ធ
· · · · · · · · · · · · · · · · · · ·		
an effective date is listed, the date me date of filing.)	ust be specific and cannot be more than five business days prior does not meet the applicable statutory filing requirements, this date partment of State's records.	to or 90 days afte
This document	Luis Ignacio Aleixandre Riobueno  re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b). Florida S t any false information submitted in a document to the Department of	
constitutes a th	fird degree felony as provided for in s.817.155, F.S.	or cours
ועו צווו. ו	nacio Alaivandea Diabuana	
<u> </u>	nacio Aleixandre Riobueno  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)