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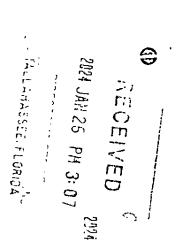
(Requestor's Name) . (Address)
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FLORIDA CAPITAL COURIER SERVICES, IN	VC
2330 CLARE DR	
TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243 / (850)	491–9625
Please use funds from this acco	ount: I20210000160: \$125.00
Authorization Signature:	Jamotelle
BUSINESS NAME	DOCUMENT #
TORTOLA CAPITAL LLC	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_X_Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES	S, INC
2330 CLARE DR	
TALLAHASSEE, FL 32309	
(850) 524-5437 / (850) 524-6243 / (8	350) 491–9625
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OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:\_\_\_\_

## COVER LETTER

	w Filing Sec vision of Cor					
SUBJECT:		CAPITAL LLC				
		Nar	ne of Lim	ited Liabilit	y Company	
The enclose	ed Articles of	Organization and	fee(s) are	submitted i	or filing.	
Please retur	n all correspo	ondence concernin	g this mat	ter to the fo	llowing:	
	EDWARD A	A. STOREY III				
			_	Name of l	Person	
	STOREY L	AW GROUP P.A.			Person	
				Firm/Cor	npany	
	221 NE IVA	NHOE BLVD., S	UITE 300	)		
				Addre	ss	
	ORLANDO	, FL 32804				
,	ESTOREV@	STOREYLAWG		•	l Zip Code	
<u>-</u>					nnual report notification	on)
For further in	nformation co	oncerning this mat	ter, please	call:		
	EDWARD S	TOREY	40 at (	7		
	Nam	ne of Person			· ——	Number
Enclosed is	a check for t	he following amo	unt:			
<b>≣</b> \$125.00	Filing Fee	□\$130.00 Fili Certificate of \$	ng Fee & Status	Certifi	ed Copy	Certificate of Status & Certified Copy
	New I Divisi	ng Address Filing Section ion of Corporation Box 6327	os		New Filing Section Di The Centre of Talluha	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
TORTOLA CAPITAL	. LLC				
(Must conta	in the words "Limited I	iability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal of	ffice of the Limite	ed Liability Company is:		
Principa	l Office Address:		Mailing Address:		
975 EYSTER BLVD.		97	5 EYSTER BLVD.		
SUITE 103		Su	JITE 103		
ROCKLEDGE, FL 32	955	RO	OCKLEDGE, FL 32955		
The name and the Florida street a	ddress of the registered				
	221 NE IVANHOE I	BLVD., SUITE 3	00		
	Florida street addres				
	ORLANDO	FL	32804		
	City	State	Zip		
place designated in this certificate, further garee to comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as regist elating to the prop as registered age	the above stated limited liability company at the lered agent and agree to act in this capacity. It per and complete performance of my duties, and int as provided for in Chapter 605, F.S		

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager <u>MGR</u>		
-		
MGR		
	WADE STAFFORD	
	975 EYSTER BLVD STE 103	
	ROCKLEDGE, FL 32955	
nent's effective date on the Department of $EVI$ : Other provisions, if any.		
REOUIRED SIGNATURE:		_
REOUIRED SIGNATURE:		
Signature of a men This document is executed I am aware that any false i	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Signature of a men This document is executed I am aware that any false i	ber or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Signature of a men This document is execute I am aware that any false i constitutes a third degree	there or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Signature of a men This document is execute I am aware that any false i constitutes a third degree	ber or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	1926

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)