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(F	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(£	Business Entity Name)	
	Document Number)	
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Special Instructions to F	iling Officer;	
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FLORIDA CAPITAL COURIER	SERVICES, INC (850) 524–5437
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Please use funds from this a	ccount: 20210000160: \$125.00
Authorization Signature:	antelle.
Business Name: Mia Sma	art Investments LLC
Document #	
Certified Copy	
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_XLimited 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	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

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Please use funds from this acc	sount: I20210000160: \$125.00
Authorization Signature:	for her
Business Name: Mia Smar	t Investments LLC
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Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

EXAMINER'S INITIALS:____

COVER LETTER

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TO:	New Filing Sec Division of Co				
SUBJE	Mia Sn	nart Investments LL0			
		Name of Li	mited Liabil	ity Company	
The end	closed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please	return all corresp	ondence concerning this m	atter to the	following:	
	MARTIN E	DELLOCA			
			Name of	Person	<u> </u>
	MDELL CO	NSULTING CORP			
			Firm/Co	mpany	
	848 BRICK	ELL AVE STE 1130			
			Addr	ress	
	MIAMI, FL.	, 33131			
	MDELLOCA	(@MDELLCONSULTING		d Zip Code	
		E-mail address: (to be used		annual report notificati	on)
For furth	er information co	oncerning this matter, pleas	e call:		
	MARTIN E I		05	6073493	- 7
	Naп	ne of Person A	rea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			73
■\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	ng Address		Street Address New Filing Section Di	vision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:			
Mia Smart Inve	estments LLC			
(Must cont	ain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited L	iability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
3125 NE 163 STREE	T	3125 N	E 163 STREET	
MIAMI, FL 33160		MIAM	I, FL 33160	
	New Capital Manag	Name ET		
	Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)	
	MIAMI	FLORIDA	33160	
	City	State	Zip	
place designated in this certificate,	I hereby accept the approvisions of all statutes obligations of my position	pointment as registered relating to the proper an as registered agent as	S	I
	Regis	stered Agent's Signatur	e (REQUIRED)	;

(CONTINUED)

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	r
MGR	New Capital Management LLC 3125 NE 163 STREET
	MIAMI, FL 33160
(Use attachment if necessary)	
ICLE V: Effective date, if other than a effective date is listed, the date mate of filing.) If the date inserted in this block d	the date of filing:
ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.)	ust be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than a effective date is listed, the date must ate of filing.) If the date inserted in this block document's effective date on the DepleCLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
ICLE V: Effective date, if other than a effective date is listed, the date mate of filing.) If the date inserted in this block document's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
ICLE V: Effective date, if other than a effective date is listed, the date must end filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department Signature. Signature This document I am aware that	ust be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)