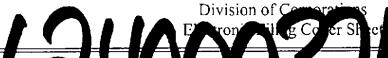
13056758465

From: Aimet Arenas

Florida Department of State



(((H240002857913)))



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 : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA LIMITED LIABILITY CO. CAPITAL PYM LLC

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\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	ew Filing Sect ivision of Corp							
SUBJECT	CAPITAL F	YM LLC						
SUBJECT	•	Name	of Limited Liab	ility Company		_		
The enclos	ed Articles of (Organization and fe	e(s) are submitte	ed for filing.				
Please retu	m all correspo	ndence concerning	this matter to the	e following:				
	MELISSA A	RENAS						
			Nanie	of Person				
	CAPITAL P	YM LLC						
			Firm/0	Сотрапу	-			
	19580 NW 8	4TH AVE				-1 (L) (L)	2021	
		· ·	Ad	dress	•		304	
	HIALEAH, F	FL 33015				<u> </u>	2021 KUS 26	Hine Hine
	AIMET@EXI	PRESSTAXSVCS.		and Zip Code		SEE.	P	
				e annual report notificat	ion)	TAT	မှာ 33	
For further	information co	ncerning this matter	, please call:			بس	ω	
	MELISSA A	RENAS	786	301-1257				
	Nam	e of Person	Area Code	Daytime Telephor	ie Number			
Enclosed i	is a check for th	ne following amour	ıt:					
) Filing Fee	□\$130.00 Filing Certificate of Sta	g Fee & 🔲 \$ ntus Cert	155.00 Filing Fee & tified Copy onal copy is enclosed)	Certific Certific	0.00 Filing cate of Sta ed Copy al copy is	itus &	:d)
	New F Division P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 81	0		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CAPITAL PYM LLC (Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19580 NW 84TH AVE	19580 NW 84TH AVE
HIALEAH, FL 33015	HIALEAH, FL 33015
another business entity with an active Florida registration	n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registere	d agent are:
MELISSA ARENA	S
	Name CT 2024 AUG
19580 NW 84TH A	VE
Florida street addre.	ss (P.O. Box <u>NOT</u> acceptable)

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..

State

<u>HIALEAH</u>

City

Welissa Arenas
Registered Agent's Signature (REQUIRED)

33015

Zip

(CONTINUED)

From: Aimet Arenas ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MELISSA ARENAS 19580 NW 84TH AVE AMBR_ HIALEAH, FL 33015 AMBR PAOLA GIL 19580 NW 84TH AVE HIALEAH, FL 33015

YOLIMA ZAPATA O'BRIEN 19580 NW 84TH AVE

HIALEAH, FL 33015

(Use attachment if necessary)

<u>AMBR</u>

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	n five business days prior to or 90 da	ys after
the date of filing.)	· · · · · · · · · · · · · · · · · · ·	
Note: If the date inserted in this block does not meet the applicable statutory file.	ing requirements, this date will not be	: listed as
the document's effective date on the Department of State's records.	30V/H	
ARTICLE VI: Other provisions, if any. ALL ANY LAWFUL PURPOSES		CT ales
ALL ANT LAWFOLT OR OBLO		
	高岩 是	18
REQUIRED SIGNATURE:	STA STA	J

Melissa Arenas

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.

MELISSA ARENAS 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)

S 5.00 Certificate of Status (Optional)