

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**624000371330**

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : 120220000138  
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.COMFLORIDA LIMITED LIABILITY CO.  
CAPITAL PYM LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$160.00 |

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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES2024 AUG 26 PM 3:33  
DIVISION OF STATE  
RECORDS & INFORMATION

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CAPITAL PYM LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA ARENAS

Name of Person

CAPITAL PYM LLC

Firm/Company

19580 NW 84TH AVE

Address

HIACLEAH, FL 33015

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA ARENAS

786

301-1257

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

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

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STATE OF FLORIDA  
SECRETARY OF STATE

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## 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 office of the Limited Liability Company is:

Principal Office Address:19580 NW 84TH AVE  
HIALEAH, FL 33015Mailing Address:19580 NW 84TH AVE  
HIALEAH, FL 33015

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MELISSA ARENAS

Name

19580 NW 84TH AVEFlorida street address (P.O. Box **NOT** acceptable)HIALEAHFL33015

City

State

Zip

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, and 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.

Melissa Arenas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT  
JESSE H. HARRIS

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

MELISSA ARENAS  
19580 NW 84TH AVE  
HIALEAH, FL 33015

AMBR

PAOLA GIL  
19580 NW 84TH AVE  
HIALEAH, FL 33015

AMBR

YOLIMA ZAPATA O'BRIEN  
19580 NW 84TH AVE  
HIALEAH, FL 33015

(Use attachment if necessary)

**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 five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

ALL ANY LAWFUL PURPOSES

**REQUIRED SIGNATURE:**

*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)

\$ 5.00 Certificate of Status (Optional)

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 2024 AUG 26 PM 3:33  
 DEPT. OF STATE  
 TALLAHASSEE, FL