

L240000480699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

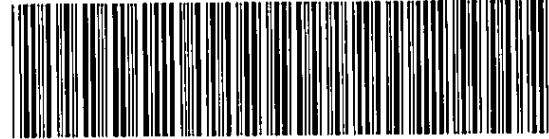
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/08/2024

Name: Cheyenne Davis

Reference #: 2554851

Entity Name: FINCAPITAL LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

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Authorized Amount: \$125.00

*Base filing for LLC*

Signature: *Cheyenne Davis*

④ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

④ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

④ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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TALLAHASSEE, FL 32301  
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COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/14/2024

Name: Cheyenne Davis

Reference #: 2554851

Entity Name: FINCAPITAL LLC

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- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE INCLUDE CC UPON FILING

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TALLAHASSEE, FL

Authorized Amount: \$43.75

Signature: *Cheyenne Davis*

*Changed \$30  
for CC*

• CORPORATE HQ  
COGENCY GLOBAL INC  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RECAP FINANCE 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:

1549 NE 123RD STREET  
NORTH MIAMI, FL 33161

Mailing Address:

1549 NE 123RD STREET  
NORTH MIAMI, FL 33161

ARTICLE III - Registered Agent, Registered Office, & 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:

ACCOUNTANT & MANAGEMENT, INC.

Name

1549 NE 123RD ST.

Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI,	FL	33161
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. 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..

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE  
TALLAHASSEE, FL

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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:

MANAGER

ACCOUNTANT & MANAGEMENT, INC.

1549 NE 123RD ST.

NORTH MIAMI, FL 33161

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

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.

Jacob Nae

Typed or printed name of signee

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CLERK OF THE COURT