M14000004854

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300261468183

07/09/14--01009--007 **160.00

DEPARTMENT OF STATE

14 JUL -9 AH II: 22

JUL 10 2014 OF STATE
T CLINE OF STATE
T CLINE OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

222-1173					
FILING COVER SHE ACCT. #FCA-23	ET				
CONTACT:	<u>SAVA</u>	NNAH DEBOER			
DATE:	07/09	0/2014			
REF. #:	<u>73364</u>	12.920279 <u>1</u>			
CORP. NAME:	CAPIR	OVENITURE LLC			
() ARTICLES OF INCORPORATION		() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOL		ON
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAM	ΛE	
(XX) EOREIGN QUALIFICATI	ON	() LIMITED PARTNERSHIP	() LIMITED LIABILI	ΤΥ	
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF CANCEL	ATION	1	τ·		25
() OTHER:				200 200 (art (art (art	28IH JUL
STATE FEES PREPAID WI		ECK# <u>70023260</u> FOR NT IF TO BE DEBITED: COST LIMIT:			-9 至909
PLEASE RETURN: (XX) GERTIFIED COPY (XX) CERTIFICATE OF GOOD () PLAIN STAMPED COPY () CERTIFICATE OF STATUS	STAN	DING)			

Examiner's Initials

COVER LETTER

	istration Section ision of Corporations		• • • • • • • • • • • • • • • • • • •	
SUBJECT:	Capiro Venture, I	LLC ne of Limited Liability Company	1	
771 I			lance 10 comment (Secret comments (Secret)	- 11 64 156 1 ^h
	I "Application by Foreign Limited Lia id check are submitted to register the s			
Please return	all correspondence concerning this m	atter to the following:		
	William Fuller			
		Name of Person		_
	Barlington Vent	tures, LLC		_
		Firm/Company		
	1637 SW 8th S	treet, Suite 20	00	21
		Address		
	Miami, Florida			4 - 4 - 4 - 9 - 9 - 9 - 9 - 9 - 9 - 9 -
		City/State and Zip Code		
	bill@barlington		•	至 2
	E-mail address	:: (to be used for future annual rep	oort notification)	-1521
For further in	formation concerning this matter, plea	ise call:	••	(日) (日)
V	/illiam Fuller	_{at} 305	428-2758	
	Name of Contact Person	Aren Codo	Daytime Telephone Number	_
Div Reg P.O	ILING ADDRESS; islon of Corporations istration Section Box 6327 uhassee, F1. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ale	
	s a check for the following amo 125.00 Filing Fee \$130.00 Fill Certificate o	ng Fee & 🔲 \$155.00 Filing		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Capiro Venture, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company,"	"IL.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The Liability Company," "L.IC." or "I.I.C.")	alternate name must include "Limited
_{2.} Delaware	
(Jurisdiction under the law of which foreign limited liability (FEI number company is organized)	r, if applicable)
4	
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{s.} 1637 SW 8th Street, Suite 200	
Miami, Florida 33135	
(Street Address of Principal Office)	
6. 1637 SW 8th Street, Suite 200	ف جنن
Miami, Florida 33135	
(Mailing Address)	33 📽
7. The name, title or capacity and address of the person(s) who has/have author	rity to manage is/are.
William Fuller and Martin Pinilla, as Managers	
1637 SW 8th Street, Suite 200	
Miami, Florida 33135	
8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organiz acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted) Signature of an authorized person	ted. (A photocopy is not attended the under oath of the translator
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltical amaware that any false information submitted in a document to the Department of State constitutes a third degree felor	is of perjury that the facts stated herein are true ny as provided for in s.817.155, F.S.)
William Fuller	

Typed or printed name of signce

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabi /enture, LL	•			
If unavailable,	the alternate to be	used in the state of Florida is:			
2. The name a	nd the Florida stree	et address of the registered agent and office are:			2814 301
	William Fu	uller	;t ".	至一	M - 9
		(Namc)	 ,	55-4 55-5	
	1637 SW	8th Street, Suite 200		-13 E /	J.
Florida Street Address (P.O. Box NOT ACCEPTABLE)			골 음식	בי על	
	Miami	_{FL} 33135		13	
		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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPIRO VENTURE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPIRO VENTURE, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5564623 8300

140926843

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1517451

DATE: 07-08-14

You may verify this certificate online at corp.delaware.gov/authver.shtml