# L21000505055

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

| Date:    | 11/30/2021                |                   |                            |
|----------|---------------------------|-------------------|----------------------------|
|          | Jennifer Bia              | lowas             |                            |
| Referer  | nce #:1531                | 643               |                            |
| Entity N | lame:                     | CAPSTORM          | HOLDINGS, LLC              |
|          |                           |                   |                            |
| V A      | Articles of Incorporation | n/Authorization t | Transact Business          |
|          | Amendment                 |                   |                            |
|          | Change of Agent           |                   |                            |
| F        | Reinstatement             |                   |                            |
|          | Conversion                |                   |                            |
| <u> </u> | Merger                    |                   |                            |
|          | Dissolution/Withdrawal    |                   |                            |
| □ f      | Fictitious Name           |                   |                            |
| <b>V</b> | Other                     | Upon filing plea  | e provide a certified copy |
|          |                           |                   |                            |
| Authori  | zed Amount:               | 155.00            | <u></u>                    |
| Signatu  | re: <u>[P</u>             |                   |                            |

F: 800.944.6607

# COVER LETTER

|                | w Filing Sec<br>vision of Cor |   |               |  |   |
|----------------|-------------------------------|---|---------------|--|---|
| CHD ITCT       | Capstorm I                    | Holdings, LLC   |               |  |   |
| SUBJECT        | ·                             |   | of Limited L  | iability Company   | <del></del>   |
| The enclose    | ed Articles of                | Organization and fee  | (s) are subm  | nitted for filing.   |   |
| Please retur   | n all correspo                | ondence concerning th                                       | nis matter to | the following:   |   |
|                | Patti J. Dani                 | els, Paralegal  |               |  |   |
|                |                               |   | Nan           | ne of Person   |   |
|                | Miller & Ma                   | ortin PLLC  |               |  |   |
|                |                               |   | Fire          | m/Company  |   |
|                | 1180 West P                   | Peachtree Street NW,  | Suite 2100    |  |   |
|                | •                             |   | ı             | Address  |   |
|                | Atlanta, GA                   | 30309   |               |  |   |
| ı              | nary@capsto                   | rm.com  | City/Sta      | ite and Zip Code   |   |
| _              |                               |   | used for fut  | ture annual report notifies  | ution)  |
| For further in | formation co                  | neerning this matter, p                                     | please call:  |  |   |
|                | Patti Daniels                 |   | 4()4<br>a1 (  | 962-6150   |   |
| -              | Nam                           | e of Person   | Area Co       |  |   |
| Enclosed is    | a check for the               | ne following amount:  |               |  |   |
| □\$125.00      | Filing Fee                    | □\$130.00 Filing F<br>Certificate of State                  | is Co         | \$155.00 Filing Fee & ertified Copy itional copy is enclosed)              | □\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | New Fi<br>Divisio             | g Address<br>iling Section<br>on of Corporations<br>ox 6327 |               | Street Address New Filing Section I The Centre of Talla 2415 N. Monroe Str | hassee  |
|                |                               | assee, Fl. 32314  |               | Tallahassee, FL 323  |   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 171 at 136 | in i | G: | l <sub>i</sub> z |
|------------|------|----|------------------|
| <br>An     |      |    | ₩E               |

| ARTICLE I - Name | AR1 | ICL | E I - | Name: |
|------------------|-----|-----|-------|-------|
|------------------|-----|-----|-------|-------|

The name of the Limited Liability Company is:

2800A US Highway 98W Santa Rosa Beach, FL 32459

| Capstor            | rm Holdings, LLC   |
|--------------------|--|
|                    | (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")           |
| ARTICLE H - Ad     | dress:   |
| The mailing addres | ss and street address of the principal office of the Limited Liability Company is: |

### Principal Office Address:

| Address: | Mailing Address:           |
|----------|----------------------------|
|          | PO Box 1159                |
|          | Santa Rosa Beach, FL 32459 |

### 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:

| Mary D. Smith          |                         |            |
|------------------------|-------------------------|------------|
|                        | Name                    |            |
| 2800A US Highway 9     | 8W                      |            |
| Florida street address | (P.O. Box <b>NOT</b> ac | rceptable) |
| Santa Rosa Beach       | FL                      | 32459      |
| 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)

## ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager  MGR  Gregory B. Smith 2800A US Highway 98W Santa Rosa Beach, FL 32459  MGR  Mary D. Smith 2800A US Highway 98W Santa Rosa Beach, FL 32459  (Use attachment if necessary)                                   | (OPTIONAL)                                |
|--|---|
| MGR  Gregory B. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  MGR  Mary D. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  (Use attachment if necessary)   | (OPTIONAL)                                |
| MGR  Mary D. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  Mary D. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  (Use attachment if necessary)   | (OPTIONAL)                                |
| MGR  Mary D. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  (Use attachment if necessary)  | (OPTIONAL)                                |
| MGR  Mary D. Smith  2800A US Highway 98W  Santa Rosa Beach, FL 32459  (Use attachment if necessary)  | (OPTIONAL)                                |
| 2800A US Highway 98W Santa Rosa Beach, FL 32459  (Use attachment if necessary)   | (OPTIONAL)                                |
| 2800A US Highway 98W Santa Rosa Beach, FL 32459  (Use attachment if necessary)   | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
| (Use attachment if necessary)  | (OPTIONAL)                                |
|  | (OPTIONAL) days prior to or 90 days after |
| RTICLE V: Effective date, if other than the date of filing:  | nts, this date will not be listed as      |
| TICLE VI: Other provisions, if any.  | _   |
|  | ·   |
| REQUIRED SIGNATURE:  |   |
|  |   |
|  |   |
| Mary D. Smith  | nember                                    |
| 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.   | o), Florida Statutes.                     |
| May D. Sintel  | o), Florida Statutes.                     |
| 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 | o), Florida Statutes.                     |

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)