

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

**L0100 0016416**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Capital Plus Mortgage, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 9/25

☒ Certified Copy

☐ Mail Out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**400004610624--7**

-08/25/01--01067--025

\*\*\*\*155.00 \*\*\*\*155.00

RECEIVED  
01 SEP 25 AM 11:11  
DIVISION OF CORPORATION

01 SEP 25 PM 12:21  
OFFICE OF THE STATE  
CLERK, TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Examiner's Initials

*JP*  
*9/25/01*

**ARTICLES OF ORGANIZATION**  
**OF**  
**CAPITAL PLUS MORTGAGE, LLC**  
**A Florida Limited Liability Company**

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, for the purpose of association to establish a limited liability company for the transaction of business and the promotion and conduct of the objects and purposes hereinafter stated, under the provisions of and subject to the requirements of the laws of the State of Florida, do make, record and file these Articles of Organization in writing.

AND I DO HEREBY CERTIFY:

FIRST:       The name of the Company is:

CAPITAL PLUS MORTGAGE, LLC

SECOND:    The principal office and mailing address in the State of Florida is to be located at 3640 Yacht Club Drive, #205, Aventura, Florida 33180. The Company may also maintain an office or offices at such other places within or outside the State of Florida, as it may from time to time determine. Company business of every kind and nature may be conducted, and meetings of members and managers may be held outside the State of Florida, the same as in the State of Florida.

THIRD:       The registered agent of the limited liability company is Rosalyn Kaplus whose Florida street address is 3640 Yacht Club Drive, #205, Aventura, Florida 33180.

FOURTH:    The limited liability company is a manager managed company. The company may admit new members upon such terms and conditions as may be specified by the existing members, only upon the unanimous written consent of the existing members. A new member may be substituted for an existing member upon the unanimous written consent of the

01 SEP 25 PM 12:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

remaining members or as provided in the Operating Agreement. The Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event, which terminates his, her or its continued membership in the Company upon the unanimous written consent of the remaining members. The initial member and the initial managing member of the Company shall be Rosalyn Kaplus.

FIFTH: The Company may engage in any lawful activity including but not limited to, buying selling, and leasing property, lending and investing money on its own account or for others, rendering business advise and acting on behalf of itself or others to the maximum extent permitted by law in business transactions.

SIXTH: No member or manager of this Company shall be liable to the Company or its members for any breach of fiduciary duty as member or manager of the company. This provision shall not affect liability for acts or omissions, which involve intentional misconduct, fraud, or a knowing violation of the law.

The members and managers of the Company are not liable under a judgement, decree, or order of the Court, or in any other manner, for a debt, obligation or liability of the company. All expenses incurred by members or managers in defending an administrative, investigative, civil or criminal action, suit, or proceeding, related in any manner to the business of the company must be paid by the Company as they are incurred in advance of a final disposition of the action, suit or proceeding, upon receipt of an undertaking by or on behalf of a member or manager to repay the amount if it is ultimately determined by a Court of competent jurisdiction, that he or she did not act in good faith, in the manner he or she reasonably believed to be in or not opposed to the best interests of the Company, and, with respect to any criminal action or proceeding with no reasonable cause to believe his conduct was unlawful.

APPROVED  
AND  
FILED  
09 SEP 25 PM 12:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEVENTH: The day-to-day business of the Company shall be conducted by one manager elected by the members. The approval of any one (1) manager shall be required to incur any debt, obligation, or liability on the part of the Company. The name and post office address of the initial managing member is as follows:

NAME

Rosalyn Kaplus

ADDRESS

3640 Yacht Club Drive, #205  
Aventura, Florida 33180

The number of managers of the Company may from time be increased or decreased as determined by the holders of two-thirds (2/3) of the membership units as defined in the Operating Agreement.

Only the managers may act on behalf of the Company.

EIGHTH: This Company shall exist for thirty (30) years from the date of its creation unless sooner dissolved pursuant to the law of the State of Florida, or these Articles of Organization, or the Operating Agreement of the Company.

EXECUTED this 6 day of SEPTEMBER, 2001.

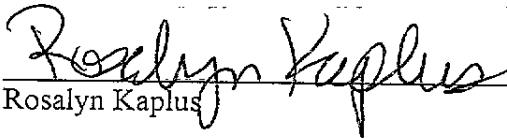
Rosalyn Kaplus

APPROVED  
AND  
FILED  
01 SEP 25 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF ACCEPTANCE  
OF APPOINTMENT OF RESIDENT AGENT**

In the matter of CAPITAL PLUS MORTGAGE, LLC, a Florida limited Liability Company, I hereby certify that on the 6 day of SEPTEMBER, 2001, I am familiar with and accept the appointment and related obligations of the position of Resident Agent of the above entitled limited liability company in accordance with Section \_\_\_\_ of the Florida Revised Statutes (\_\_\_\_).

IN WITNESS THEREOF, I have hereunto set my hand this 6 day of SEPTEMBER 2001.

  
\_\_\_\_\_  
Rosalyn Kaplus

APPROVED  
AND  
FILED

01 SEP 25 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Broward County  
State of Florida

Sworn and subscribed to before me this 16<sup>th</sup> day of September, 2001 by  
Rosalyn Kaplus personally known to me.

Linda LaPerna  
Notary Public



Linda LaPerna  
MY COMMISSION # CC962615 EXPIRES  
September 29, 2004  
BONDED THRU TROY FAIN INSURANCE, INC.

\_\_\_\_\_  
Notary Stamp (Seal)

01 SEP 25 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED