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Address

City State ZIP Phone

All Mary See. Combes

CORPORATION(S) NAME

Capital	Properties	\$ Investments, UC
	<u> </u>	<u>'</u>
-		
- <u></u>		
() Profit		
() NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership	() Annual Repo	/ N "
() Reinstatement	() Reservation	() Change of Registered Agent
(X) Certified Copy	() Photo Copie	s () Certificate Under Seal
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Name
Availability
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Examiner

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Acknowledgment

W.P. Verifier

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(A) Timpin & Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CAPITAL PROPERTIES * INVESTMENT L
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is: 6847 SUGARLOAF KEY STR
LAKE WORTH, FL 33467
RTICLE III · Registered Agent, Registered Office, & Registered Agent's Signature.
he name and the Florida street address of the registered agent are:
Elaine Sorrells
6847 SUGARTO AF KEY STR
Piorida From address (FO Box NOT acceptable). LAKE WORTH, FL 33467 City, State, and 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

Article IV - Management (Check box if applicable.)

ARTICLE I - Name:

The Limited Liability Company is to be managed by one manager or more managers and is. therefore, a manager - managed company.

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 608, F.S.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Piorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filine Fees:

\$100.00 Filling Fee for Articles of Organization

5 ZS 00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that CAPITAL PROPERTIES & INVESTIMENTS	LIC.
desiring to organize under the laws of the State of Florida	
with its principal office, as indicated in the articles of incorporation h	as
named Elain Sorrells :	2003
located at 6847 Sugarloaf Key Str	FILE PR21
City of Lake Warth county of PB State of Florida,	#11:34 BALORIO
as its agent to accept service of process within this state.	RIDAS

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE January Soulls -- Registered Agent