

L03000018201

(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:

Name
Availability

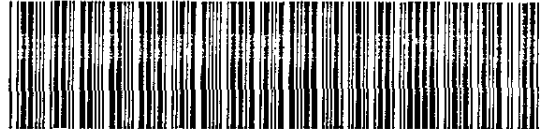
Document
Examiner DCC

Updater DCC
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Approval/Judgement DCC

W. P. Verifier DCC



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04/28/03--01114--032 **160.00

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03 MAY 20 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mailing address

LLC Articles Filing Letter

Date: 4/25/03

Registration Section Division of Corporation
409 E. Gaines ST
Tallahassee, FL 32399


LLC Filings Office:

I enclose an original copy and 2 copies of the proposed Articles of Organization of **Cape Financial LLC**, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address below.

A check/money order in the amount of \$160.00, made payable to your office, for total filing and processing fees enclosed.

Filing Fee for Articles of Organization:	\$100.00
Designation of Registered Agent	: \$25.00
Certified Copy	: \$30.00
Certificate of Status	: \$5.00

Sincerely,



Lisandro Lorenzini, Organizer

799 Crandon Blvd Apt.1208
Key Biscayne, FL 33149

PH: 305-361-7553

Enclosures: Articles of Organization; check/money order

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2003

LISANDRO LORENZINI
799 CRANDON BLVD., APT 1208
KEY BISCAYNE, FL 33149

SUBJECT: CAPE FINANCIAL LLC
Ref. Number: W03000012140

We have received your document for CAPE FINANCIAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 203A00025926



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 9, 2003

LISANDRO LORENZINI
799 CRANDON BLVD., APT 1208
KEY BISCAVNE, FL 33149

SUBJECT: CAPE FINANCIAL LLC
Ref. Number: W03000012140

We have received your document for CAPE FINANCIAL LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

I failed to mention in my last correspondence that we needed a signature for the registered agent. Please sign the attached form and return it to our office. I apologize for this inconvenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 803A00028853

**Articles of Organization
of**

Cape Financial LLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is Cape Financial LLC.

Article 2. Registered Office and Registered Agent. The initial registered office and mailing address of this limited liability company and the name of its initial registered agent at this address are:

Lisandro Lorenzini
799 Crandon Blvd. Apt.1208
Key Biscayne, FL 33149

Article 3. Statement of Purposes. The purposes for this limited liability company is organized are:

To engage in any lawful business for which limited liability companies maybe organized in this state.

Article 4. Management and Names and Addresses of Initial Members. The management of this limited liability company is reserved to the members. The names and addresses of its initial members are:

Lisandro Lorenzini, 799 Crandon Blvd. Apt.1208, Key Biscayne, FL 33149

Nicolas Lorenzini, 799 Crandon Blvd. Apt.1208, Key Biscayne, FL 33149

Article 5. Principal Place of Business of the Limited Liability Company. The principal place of business of the limited liability company shall be:

Place of Business: 799 Crandon Blvd. Apt.1208, Key Biscayne, FL 33149

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TALLAHASSEE FLORIDA

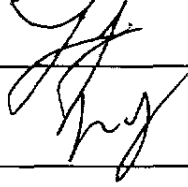
Mailing Address: 799 Crandon Blvd. Apt.1208, Key Biscayne,
FL 33149

Article 6. Period of Duration of the Limited Liability Company. The period of duration of the limited liability company shall be: Perpetual

In Witness Whereof, the undersigned organizer(s) of this limited liability company has(have) signed these Articles of Organization on the date indicated.

Date: 5/5/2003

Signature(s):



Lisandro Lorenzini , Organizer
Typed or Printed Name

Nicolas Lorenzini , Organizer
Typed or Printed Name

_____, Organizer
Typed or Printed Name

_____, Organizer
Typed or Printed Name

_____, Organizer
Typed or Printed Name

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Cape Financial LLC

2. The name and the Florida street address of the registered agent and office are:

Lisandro Lorenzini
(Name)

799 Grandon Blvd., Apt 1208
Florida street address (P.O. Box **NOT** ACCEPTABLE)

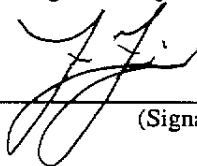
Key Biscayne FL 33149
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 20 PM 1:33

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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 608, F.S..



(Signature)

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