

L 04000003016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

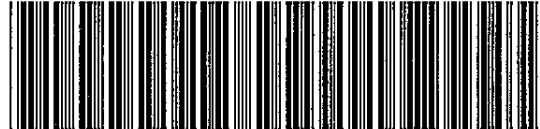
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Handwritten signature/initials

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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

- 1- CAPITOL DEVELOPMENT, U.S.A., L.L.C.
- 2- _____
- 3- _____
- 4- _____

☒ Walk-in ☐ Pick-up time ASAP ☒ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITOL DEVELOPMENT USA, L.L.C.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**11202 St. Johns Industrial Parkway North
Suite #1
Jacksonville, FL 32246**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV – Management:
(check and complete the appropriate statement)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

| | |
|----------------|--|
| James G. Brady | 11202 St. Johns Industrial Parkway North, Suite #1, Jacksonville, FL 32246 |
| Larry Walshaw | 11202 St. Johns Industrial Parkway North, Suite #1, Jacksonville, FL 32246 |

ARTICLE V – Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

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The Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The Company's business may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

These Articles of Organization of Capitol Development USA, L.L.C. shall be effective for all purposes as of this 7th day of November, 2003.


Manager/Member


Manager/Member

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: Capitol Development USA, L.L.C.

2. The name and address of the registered agent and office is:

Dale A. Beardsley, Esquire

(NAME) _____

4595 Lexington Avenue, Suite #100, Jacksonville, Florida 32210

(P.O. BOX **NOT** ACCEPTABLE)

Jacksonville,

Florida

32210

(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.



(SIGNATURE)

(DATE) 1/8/2008

Filing Fee: \$35.00 for Designation of Registered Agent