

L04 000003624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

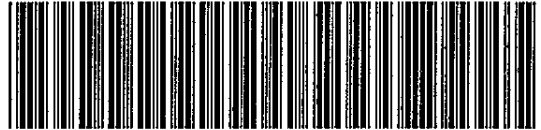
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-3624
OK

EFFECTIVE DATE

1-9-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Genesis L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Gayle
(Name of Person)

Capital Genesis L.L.C.
(Firm/Company)

P.O. Box 48763
(Address)

Tampa, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher A. Gayle at 813 404-6699
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Genesis L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 48763

Tampa, FL 33647

Mailing Address:

P.O. Box 48763

Tampa, FL 33647

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Christopher A. Gayle

Name

10303 GoldenBrook Way

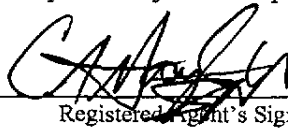
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FLORIDA 33647-2930

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 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, Florida Statutes..



Registered Agent's Signature

12/17/03

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Christopher Gayle


10303 GoldenBrook Way

Tampa, FL 33647-2930

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christopher A. Gayle

Typed or printed name of signee

12/17/03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent


\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE V – Effective Date

The effective date for the Limited Liability Company named “Capital Genesis” shall be January 9th, 2004 (01/09/2004).

REQUIRED SIGNATURE:

 12/17/03

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

Christopher A. Gayle
Typed or printed name of signee

04 JAN 12 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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