

L04000015470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

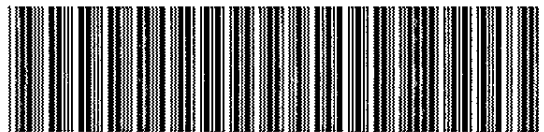
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/04--01001--009 **78.75

02/27/04--01001--010 **76.25

BK

RECEIVED
04 FEB 26 PM 3:57
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
FILED
04 FEB 26 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Karen Bradley/Pennington Law Firm
Requestor's Name

215 S. Monroe St., 2nd Floor
Address

Talla FL 32301 222-3533
City/State/Zip Phone #

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04 FEB 26 PM 8 15
TALLAHASSEE, FLORIDA

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

ARTICLES OF ORGANIZATION
OF
CAPSTONE LAND COMPANY, L.L.C.

FILED
04 FEB 26 AM 8 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Capstone Land Company, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to acquire and develop real property, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a

limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS.

The mailing address and the street address of the principal place of business in Florida for the Company is: 2681 Millstone Plantation Road, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Roman E. Galey, and the initial registered office of the Company is located at 2681 Millstone Plantation Road, Tallahassee, Florida 32312.

6. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) members (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement.

7. CONTINUITY OF BUSINESS.

Upon 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 Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

8. MANAGEMENT.

The Company shall be member managed.

9. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any current or former Member or appointed Manager to the full extent permitted under the Florida Limited Liability Company Act.

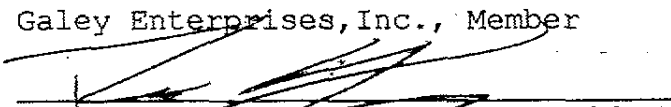
10. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida

Department of State.

Executed at Tallahassee, Florida, on the 24 day
of February, 2004.

Galey Enterprises, Inc., Member


By: Roman E. Galey, Its President

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 24
day of February, 2004, by Roman E. Galey, President of Galey
Enterprises, Inc., a member of Capstone Land Company, L.L.C., a
Florida limited liability company, on behalf of the company. He is
personally known to me or has produced
Driver License as identification.



Robert K. Davis
MY COMMISSION # DD213139 EXPIRES
July 11, 2007
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC - STATE OF FLORIDA

Robert K. Davis
Print, Type or Stamp Name of Notary
Public

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, 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.


1. The name of the company is: CAPSTONE LAND COMPANY, L.L.C.
2. The name and address of the registered agent and office is:

Roman E. Galey
(NAME)

2681 Millstone Plantation Road
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32312
(CITY/STATE/ZIP)

SIGNATURE

 AS PRESIDENT
OF GALEY ENTERPRISES

TITLE Member

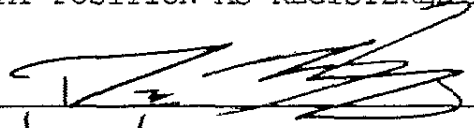
GALEY ENTERPRISES, INC.

DATE

2/24/04

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

2/24/04

REGISTERED AGENT FILING FEE: \$25.00