

W5000037695

00789-00524-02428-00170-Form LC NOT CORP \$55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status

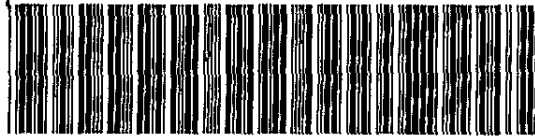
Special Instructions to Filing Officer:

#23 Correction

W05-37695

Office Use Only

FF \$55.00



100053493281

05/04/05--01010--012 **43.75

M. HODGES

07/13/05--01009--012 **11.25

FILED
05 AUG 23 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

105 A00032387

TRANSMITTAL LETTER

ATX1

TO: Amendment Section
Division of Corporations

SUBJECT: CAPQUEST FINANCIAL, LLC

(Name of Corporation)

DOCUMENT NUMBER: L05000037695

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID PALOS

(Name of Person)

CAPQUEST FINANCIAL, LLC

(Name of Firm/Company)

1521 ALTON ROAD, SUITE 121

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID PALOS

(Name of Person)

at 786-586-5035

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 5, 2005

DAVID PALOS
CAPQUEST FINANCIAL, LLC
1521 ALTON ROAD, SUITE 121
MIAMI BEACH, FL 33139

SUBJECT: CAPQUEST FINANCIAL, LLC
Ref. Number: L05000037695

We have received your document for CAPQUEST FINANCIAL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to correct the Articles of Organization for this Limited Liability Company, the form submitted is for a Corporation.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 605A00032388



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 14, 2005

DAVID PALOS
CAPQUEST FINANCIAL, LLC
1521 ALTON ROAD, SUITE 121
MIAMI BEACH, FL 33139

SUBJECT: CAPQUEST FINANCIAL, LLC
Ref. Number: L05000037695

We have received your document for CAPQUEST FINANCIAL, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must provide the CORRECT information on the form so that we can update our records. Specify the names and addresses of both the registered agent and the managing members.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 605A00046589

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

ATX1

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

CAPQUEST FINANCIAL LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE IV: REGISTERED AGENT - REGISTERED AGENT NAME AND ADDRESS INCORRECT

ARTICLE V: NAME AND ADDRESS OF MANAGING MEMBERS/MANAGERS - ADDRESSES INCORRECT

See attached for correct information

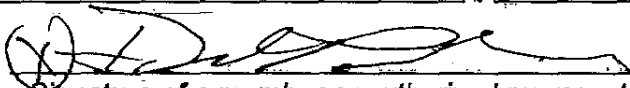
OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated:

2005



Signature of a member or authorized representative of a member

DAVID PALOS, MGRM

Typed or printed name of signee

FILED
05 AUG 23 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Attachment to
Articles of Correction
(Corrected)

CAPQUEST FINANCIAL, LLC

ARTICLES OF ORGANIZATION
FOR
FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPQUEST FINANCIAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

CAPQUEST FINANCIAL, LLC

CAPQUEST FINANCIAL, LLC

1521 ALTON ROAD, Suite 121

1521 ALTON ROAD, Suite 121

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

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

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

DAVID PALOS

Name

1521 ALTON ROAD, Suite 121

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

MIAMI BEACH

FLORIDA 33139

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

CAPQUEST FINANCIAL, LLC
ARTICLE IV- Manager(s) or Managing Member(s):

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

Attachment to
Articles of Correction
(Corrected)

ATX1

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

DAVID PALOS

1521 ALTON ROAD, SUITE 121

MIAMI BEACH, FL

MGRM

NORA MUNOZ

1521 ALTON ROAD, SUITE 121

MIAMI BEACH, FL

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

(X) 

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.)

DAVID PALOS

Typed or printed name of signer