

106000033405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

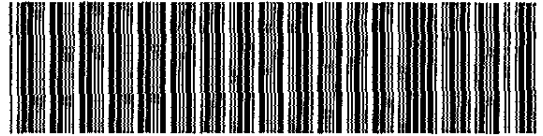
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Office Use Only

W06-14391



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MAR 24 PM 3:38

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BUREAU OF REVENUE

W06-33405  
JR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2006

ATTORNEYS' TITLE

SUBJECT: CAPITAL FEDERAL FINANCIAL SERVICES, LLC  
Ref. Number: W06000014391

We have received your document for CAPITAL FEDERAL FINANCIAL SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0401, 617.0401, and 608.406, Florida Statutes, state that entity names "may not contain language stating or implying that the corporation is connected with a state or federal government agency or a corporation chartered under the laws of the United States." Therefore, we are unable to approve the name designated in your document. Please select a new name and make the substitution in all the appropriate places.

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: 106A00020325

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## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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

1- CAPITAL FEDERAL FINANCIAL SERVICES, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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#### 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**  
**CAPITAL FEDERAL FINANCIAL SERVICES, LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agree to the following:

**ARTICLE I - NAME**

The name of the Limited Liability Company shall be CAPITAL FEDERAL FINANCIAL SERVICES, LLC.

**ARTICLE II - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE**  
**OF COMPANY**

The mailing address of the Limited Liability Company is 2573 Skipper Trail, Clearwater, Florida 33761. The street address of the principal office of the Limited Liability Company is 2573 Skipper Trail, Clearwater, Florida 33761.

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

The business of the Limited Liability Company shall be conducted under the exclusive management of its members. The names and addresses of the initial members of the Limited

Liability Company are:

Keith Bertholf 2573 Skipper Trail, Clearwater, Florida 33761

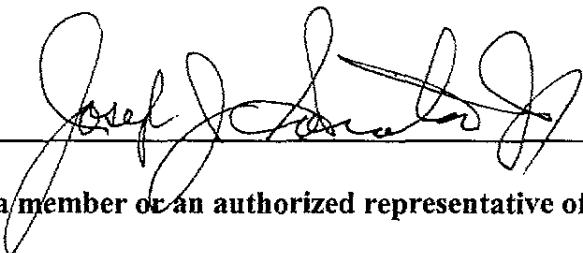
Janette Bertholf 2573 Skipper Trail, Clearwater, Florida 33761

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

In the event of 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 this Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.

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

\_\_\_\_\_  
Joseph J. Sorota, Jr.

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is:

CAPITAL FEDERAL FINANCIAL  
SERVICES, LLC

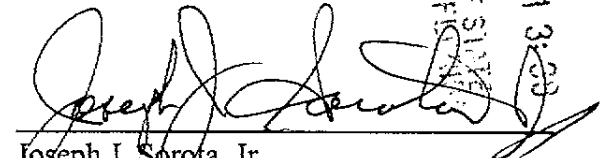
2. The name and address of the registered agent and office is:

Joseph J. Sorota, Jr.  
28100 U.S. Highway 19 North, Suite 504  
Clearwater, FL 33761

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

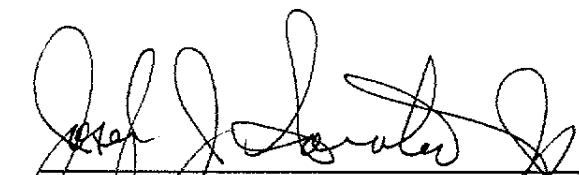
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Dated this 23<sup>rd</sup> day of March, 2006.

  
Joseph J. Sorota, Jr.

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.

Dated this 23<sup>rd</sup> day of March, 2006.

  
Joseph J. Sorota, Jr.