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SECRETARY OF STATE

M. Thomas MAR 1 7 2008

## LAW OFFICES OF JUDGE S. PETER CAPUA (RET.) ATTORNEY AND COUNSELOR AT LAW

S. PETER CAPUA, ESQ. LICENSED: FLORIDA • TEXAS

PLORIDA SUPREME COURT TEXAS SUPREME COURT CERTIFIED MEDIATOR

March 6, 2008

THE CONCORD BUILDING
9TH FLOOR
66 WEST FLAGLER STREET
MIAMI, FLORIDA 33130
TEL: (305) 374-6177
FAX: (305) 374-9313

EMAIL: SPeterCapualaw@bellsouth.net

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

Re: S. Peter Capua, Law Offices "LLC"

Gentlemen:

Enclosed herewith are the Articles of Organization for Florida Limited Liability Company together with the filing fee of a total of \$160.00 comprising Filing Fee, Certified Copy and Certificate of Status.

The undersigned's name, address and telephone number are:

S. Peter Capua, Law Offices Concord Building, 9<sup>th</sup> Floor 66 West Flagler Street Miami, Florida 33130

Telephone No.: 305-374-6177 Facsimile No.: 305-374-9313

Thank you for your cooperation to this matter.

Very truly\_yours,

S. Peter Capua

SPC: me Enclosures

### COVER LETTER

TO:	Registration Se Division of Cor			•
cupi	S. ECT:	PETER CAPUA LAW OF	FICES	
2003	ECI:	(Name of Limited	d Liability Company)	
The er	nclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please	e return all correspo	ndence concerning this matte	er to the following:	
		S. PETER CA	PUA LAW OFFICES	
		C	Name of Person)	
		S. PETER CA	PUA LAW OFFICES	
		(	Firm/Company)	
	CONCORD B	UILDING 9th FLOOR	66 WEST FLAGLER STREET M	IAMI, FL 33130
			(Address)	
		MIAM	I, FL 33130	
		(City	/State and Zip Code)	
For fu	orther information c	oncerning this matter, please	call:	SECRETARY OF STATE TALLIAHASSEE. FLORIC
s.	PETER CAPUA,	ESQUIRE	305-374-6177	ASSI ASSI
	(Name o	of Person)	at ()  (Area Code & Daytime Telephone N	Number) FO
Enclo	osed is a check for	the following amount:		STATE
<b>□</b> \$125	5.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

### 四四

Company is:

CONCORD BUILDING 9th FLOOR

66 WEST FLAGLER STREET

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	npany is:
S. PETER CAPUA, LAW OFFICES	"LLC"
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability
Principal Office Address:	Mailing Address:

111111111111111111111111111111111111111	MIAMI, FL 33130
	<del></del>
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CONCORD BUILDING 9th FLOOR

66 WEST FLAGLER STREET

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MTAMT

MARCARITA Eniliani

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

WiAwi FL 33129
City State and Zin

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE	IV-	Manager(s)	) or Managir	g Member(:	s):

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

Title: Name and Address:	
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR" S. PETER CAPUA, ESQUI	E
CONCORD BUILDING 9th	FLOOR
66 WEST FLAGLER STREET	
MIAMI, FL 33130	
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	08 MAR
(Use attachment if necessary)	TASSET I
	SEE P
ARTICLE V: Effective date, if other than the date of filing:	(OPTIQNAL)-
(If an effective date is listed, the date must be specific and cannot be more than	five business they prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
S ( M/ M) P a 1	
S. Weller Capua	
Signature of a member or an authorized representative of a n	ember.
(In accordance with section 608.408(3), Florida Statutes, the exec	ution
of this document constitutes an affirmation under the penalties of	ution perjury
(In accordance with section 608.408(3), Florida Statutes, the exec of this document constitutes an affirmation under the penalties of that the facts stated herein are true.)  S. PETER CAPUA	ution perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)