

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000200021 3)))



H080002000213ABCN

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
 Division of Corporations  
 Fax Number : (950) 617-6383

From:  
 Account Name : GRAY ROBINSON, P.A.  
 Account Number : I20000000092  
 Phone : (863) 284-2200  
 Fax Number : (863) 688-9771

08 AUG 22 AM 9:00

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

RECEIVED

08 AUG 22 AM 8:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CAPSTONE ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**G. MCLEOD**

AUG 25 2008

**EXAMINER**

H08000200021 3

**ARTICLES OF ORGANIZATION**  
**OF**  
**CAPSTONE ALLIANCE, LLC**

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is CAPSTONE ALLIANCE, LLC.

**ARTICLE II**

**PRINCIPAL OFFICE**

The mailing address of the principal office of the Limited Liability Company is 904 Camelot Lane, Lakeland, FL 33813, and the street address of the principal office of the Limited Liability Company is 904 Camelot Lane, Lakeland, FL 33813.

**ARTICLE III**

**DURATION**

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

**ARTICLE IV**

**PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

H08000200021 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 22 AM 9:00

H08000200021 3

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be member-managed. The names and addresses of the Initial Members are:

David G. Yrastorza  
904 Camelot Lane  
Lakeland, Florida 33813

Wanda Yrastorza  
904 Camelot Lane  
Lakeland, Florida 33813

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 904 Camelot Lane, Lakeland, FL 33813, and the name of the initial registered agent of the Limited Liability Company at that office is David G. Yrastorza.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Members, has executed these Articles of Organization this 22<sup>nd</sup> of August, 2008.

  
\_\_\_\_\_  
DAVID G. YRASTORZA

H08000200021 3

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is CAPSTONE ALLIANCE, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

DAVID G. YRASTORZA  
904 Camelot Lane  
Lakeland, Florida 33813

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.

  
\_\_\_\_\_  
DAVID G. YRASTORZA  
Date: August 21, 2008

H08000200021 3