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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Capital Grand Property Management, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Davisson F. Dunlap, III  
Name of Person

Dunlap + Shipman, P.A.  
Firm/Company

2065 Thomasville Road, Suite 102  
Address

Tallahassee, FL 32308  
City/State and Zip Code

davissoniii@dunlapshipman.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Davisson F. Dunlap, III at ( 850 ) 385-5000  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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  
Tallahassee, FL 32301

**Articles of Organization**  
**for**  
**CAPITAL GRAND PROPERTY MANAGEMENT, LLC**  
**A Limited Liability Company**

**Article I: Name**

The name of the Limited Liability Company is "Capital Grand Property Management, LLC"

**Article II: Address**

The Principal Office Address is:

1918 W. Tennessee St.  
Tallahassee, FL 32304

The Mailing Address is:

1918 W. Tennessee St.  
Tallahassee, FL 32304

**Article III: Registered Agent, Registered Office, and Registered Agent's Signature**

The name and Florida address of the Registered Agent are:

Charles R. Howell  
1918 W. Tennessee Street,  
Tallahassee, FL 32304

*Having been named as the 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)

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**Article IV: Manager(s) or Managing Member(s):**

The limited liability company will be a manager-managed company.

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

<u>Title:</u>	<u>Name and Address:</u>
1. Manager	Charles R. Howell 4061 Camelot Way Tallahassee, FL 32309
2. Managing Member	Christina Wimberley 4061 Camelot Way Tallahassee, FL 32309
3. Managing Member	Tylene Pressel 2416 Old St. Augustine Rd Tallahassee, FL 32301

**Article V: Purpose:**

This limited liability company is organized for any and all lawful purposes, including, but not limited to, real property leasing, marketing, maintenance and management.

**REQUIRED SIGNATURE:**

Charles R. Howell

(Signature of a member or 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.

Charles R. Howell

(typed or printed name of signer)