

LD9000/22660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

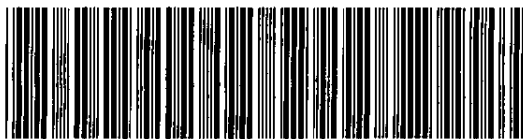
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC 28 PM 1:50

# DOCKERTY ROMER & CO.

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To Whom It May Concern:

Please find a check for \$130 for the LLC formation of  
Caveglia Capital Group, L.L.C.

Christopher Caveglia  
2026 Alta Meadows Lane #908  
Delray Beach, FL 33444  
561-376-3176

The information contained in this facsimile message is privileged and confidential, and is intended exclusively for the use of the individual named above and others who have been specifically authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this Facsimile Transmittal has been received in error, please notify the sender IMMEDIATELY who will provide you with disposition instructions for this message.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Caveglia Capital Group L.L.C.  
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:

Christopher R. Caveglia

Name of Person

Caveglia Capital Group LLC

Firm/Company

2026 Alta Meadows Lane #908

Address

Delray Beach, FL 33444

City/State and Zip Code

ccaveglia@dockertyromer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher R. Caveglia

Name of Person

at ( 561 ) 376-3176

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 FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Caveglia Capital Group L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:**

2026 Alta Meadows Lane #908

2026 Alta Meadows Lane #908

Delray Beach, FL 33444

Delray Beach, FL 33444

**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:

Christopher R. Caveglia

Name

2026 Alta Meadows Lane #908

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

Delray Beach, 33444


FL

City, State, and Zip

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SECRETARY OF STATE  
DIVISION OF CORPORATION

*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Christopher R. Caveglia

2026 Alta Meadows Lane #908

Delray Beach, FL 33444

\_\_\_\_\_

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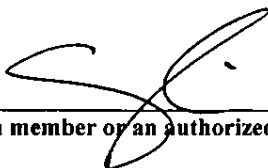
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

Christopher R. Caveglia

\_\_\_\_\_  
Typed or printed name of signee

**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)**