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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 20 AM 8:56

T. HAMPTON

APR 21 2010

EXAMINER

010-16363

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAP Homes 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:

Charles A Poole

Name of Person

CAP Homes LLC

Firm/Company

5725 Lakeland Highlands Rd

Address

Lakeland, FL 33813

City/State and Zip Code

cpoole27@msn.com

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

For further information concerning this matter, please call:

Charles Poole

Name of Person

at (863) 619-8448

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 2, 2010

CHARLES A POOLE
5725 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

SUBJECT: CAP HOMES LLC
Ref. Number: W10000016363

We have received your document for CAP HOMES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00008151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAP Homes LLC

(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:

CAP Homes LLC

5725 Lakeland Highlands Rd

Lakeland, FL 33813

Mailing Address:

CAP Homes LLC

5725 Lakeland Highlands Rd

Lakeland FL 33813

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:

Deborah A Poole

Name

5725 LKLD Highlands Rd

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

Lakeland FL 33813

City, State, and Zip

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..

Deborah A Poole

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 APR 20 AM 01:56
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DIVISION OF CORPORATIONS

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

Charles A Poole
5725 LKLD Highlands Ad
Lakeland FL 33813

MGR

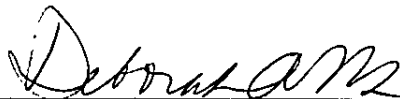
Deborah A Poole
5725 LKLD Highlands Ad
Lakeland FL 33813

(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.)

Deborah A Poole

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 20 AM 10:56