

L10UUUU057920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

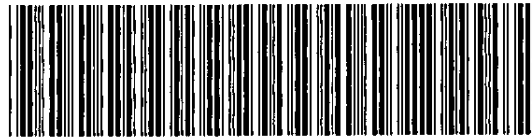
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAY 28 2010

EXAMINER

DEPT. OF STATE
DIVISION OF CORPORATIONS
10 MAY 28 PM 4:17

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

May 28, 2010

RECEIVED
JANIS B. STONE
10 MAY 28 PM 4:17
JANIS B. STONE
CORPORATIONS

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Capital Solutions Tallahassee, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Capital Solutions Tallahassee, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00
Filing Fee

☐ \$130.00
Filing Fee &
Certificate of Status

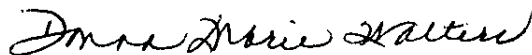
☒ \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed)

☐ \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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**ARTICLES OF ORGANIZATION
OF
CAPITAL SOLUTIONS TALLAHASSEE, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Capital Solutions Tallahassee, LLC.**

**ARTICLE 2.
Address**

The street address of the place of business in Florida is:

2312 Limerick Drive
Tallahassee, Florida 32309-3505

The mailing address of the business in Florida is:

P.O. Box 13408
Tallahassee, Florida 32317-3408

**ARTICLE 3.
Registered Agent and Registered Office**

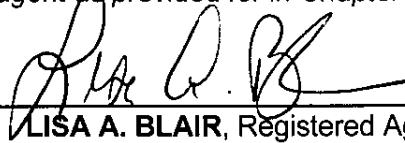
The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

LISA A. BLAIR
2312 Limerick Drive
Tallahassee, Florida 32309-3505

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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

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DIVISION OF CORPORATIONS

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, Florida Statutes.



LISA A. BLAIR, Registered Agent

ARTICLE 4. Management

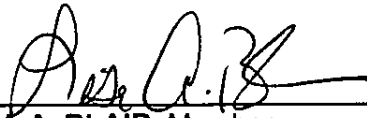
The Limited Liability Company shall be managed by its Members and is, therefore, a Member-managed company.

LISA A. BLAIR, MGRM

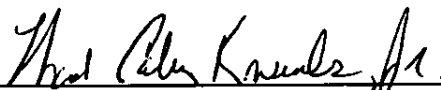
2312 Limerick Drive
Tallahassee, Florida 32309-3505

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 28th day of May, 2010.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



LISA A. BLAIR, Member



THAD CALVIN KNOWLES, JR., Member