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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Filone #)               |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Susmess Entry Warne)                   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Effective Date 08 01 10

DIVISION OF CORPORATION

T. HAMPTON

AUG - 2 2010

EXAMINER

# COVER LETTER \*

**Registration Section** 

TO:

| Division of Co                  | rporations  |   |  |
|---------------------------------|---|---|--|
| SURJECT: CAPA R                 | eal Estate Holdings, LL   | _C  |  |
| SUBJECT: O'WITTE                |   | ed Liability Company  |  |
|                                 |   |   |  |
| The enclosed Articles of        | Organization and fee(s) are   | submitted for filing.   |  |
| Please return all correspondent | ondence concerning this matt  | ter to the following:   |  |
| Andrew M. Co                    | affey   |   |  |
| 74141647 141. 00                | , incy  | Name of Person  |  |
|                                 | " D.A   |   |  |
| Andrew M. Co                    | опеу, Р.А.  | Firm/Company  |  |
|                                 |   |   |  |
| 208 SE 6th St                   | reet  | Address   |  |
|                                 |   | Address   |  |
| Fort Lauderda                   | le, FL 33301  |   |  |
|                                 |   | y/State and Zip Code  |  |
| andy@amcoff                     | ey.com  E-mail address: (to be used to  | for future annual report notification)  |  |
| For further information         | concerning this matter, please  |   |  |
| Andrew Coffey                   |   | at ( 954 ) 467-5700   |  |
| Name                            | of Person   | Area Code & Daytime Telep   | hone Number  |
| Enclosed is a check for         | or 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,<br>Certificate of Status &<br>Certified Copy<br>(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 C Tallahassee, FL 32301 | ircle  |

# Effective Date 08 01 10

| ARTICLES OF ORGANIZATION FOR FLA   | JADA LIMITED LIABILITY COMPANY  |
|--|---|
| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
| CAPA Real Estate Holdings, LLC  (Must end with the words "Limited Liability  | y Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the printing address.  | ncipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 208 SE 6th Steet Fort Lauderdale, FL 33301   | same  |
|  |   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re Andrew M. Coffey, PA | red Agent. You must designate an individual or another  |
| Name   |   |
| 208 SE 6th Street  |   |
| Florida street addr  | ess (P.O. Box <u>NOT</u> acceptable)  |
| Fort Lauderdale City, Stat   | FL 33301<br>e, and Zip  |
| liability company at the place designated in th<br>registered agent and agree to act in this capacity.<br>statutes relating to the proper and complete per   | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. SECRETARY OF THE CREQUIRED. |

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb | Name and Address:   |
|--|---|
| MGR  | Andrew Coffey on behalf of Andrew M. Coffey, PA           |
| - WOT  | 208 SE 6th Street   |
|  | Fort Lauderdale, FL 33301                                 |
|  | 1 5/1 Laudoldalo, V L 65667                               |
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| (Use attachment if necessary)                        |   |
| LE V: Effective date, if other                       | than the date of filing: 8/1/10 . (OPTION                 |
| fective date is listed, the date                     | must be specific and cannot be more than five business da |
| days after the date of filing.)                      |   |
|  |   |
| REQUIRED SIGNATURE:                                  | (   |
| $\triangle l_{\alpha}$                               | M. COM  |
| 1, 00  |   |

(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.)

Andrew M. Coffey

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)