

L12000109833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

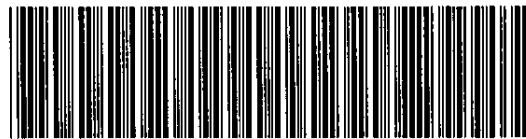
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/12--01046--007 **25.00

FILED
2012 SEP 24 PM 2:44
TALLAHASSEE, FL 32309
STATE OF FLORIDA
SECRETARY OF STATE

J. BRYAN

SEP 25 2012

EXAMINER

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.
ATTORNEYS AT LAW

JOHN S. BOHATCH†
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
TELEFAX (305) 666-1020
E-MAIL Law@GBPTaxLaw.com

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4018

PLEASE REPLY TO:
SOUTH MIAMI

September 18, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Correction

To Whom It May Concern:

Enclosed please find for filing the Articles of Correction for Capital City Tax Venture, LLC.


Also enclosed is our Firm's check in the amount of \$25.00 representing the filing fee.

Please file this Correction and return a date stamped copy to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.


KATALINA PEÑARANDA, ESQ.

KP/lmf
Enclosures

FILED
SEP 24 PM 2:44
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL CITY TAX VENTURES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JOHN S. BOHATCH

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN S. BOHATCH

Name of Person

at (305)

666-1040
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

FILED
1002 SEP 24 PM 2:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 CAPITAL CITY TAX VENTURES, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the Limited Liability Company appears as: CAPITAL CITY TAX

VENTURES, LLC. However, the legal name of the entity is: CAPITAL CITY

TAX VENTURE, LLC.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: SEPTEMBER 17, 2012.


Signature of a member or authorized representative of a member

CARMEN I. DAILY, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
SEP 24 PM 2:44
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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FOR
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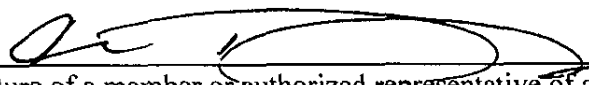
TAX VENTURE, LLC.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: SEPTEMBER 17, 2012


Signature of a member or authorized representative of a member

CARMEN I. DAILY, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
SEP 24
PM 2:44
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
12 AUG 24 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

CAPITAL CITY TAX VENTURE, INC P03-73421
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JULY 2, 2003
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

CAPITAL CITY TAX VENTURES, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 18th day of August 2012.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]

Printed Name: DEBORAH A. BEATA

Title: MANAGER

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]

Printed Name: DEBORAH A. BEATA

Title: PRESIDENT

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED
SEP 24 PM 2:45
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITAL CITY TAX VENTURES, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2510 North Monroe

Tallahassee, FL 32303

Mailing Address:

2510 North Monroe

Tallahassee, FL 32303

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. BEATA

Name

8093 ARCHER CIRCLE

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

TALLAHASSEE FL 32309

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SEP 24 PM 2:45
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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

Name and Address:

"MGRM" = Managing Member

CARMEN I. DAILY
2510 North Monroe
Tallahassee, FL 32303


DEBORAH A. BEATA
2510 North Monroe
Tallahassee, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:

SIGNATURE: 

Signature of a member or an authorized representative of a member.

(In accordance with section 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DEBORAH A. BEATA
Typed or printed name of signee