

# L12000154472

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

FILED  
12 DEC -7 PM 2:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM**FLORIDA LIMITED LIABILITY CO.  
CAPRI DRIVE PROPERTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**B. KOHR**

DEC 11 2012

**EXAMINER**

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# Transmission Report

Date/Time 12-10-2012 12:58:46 p.m. Transmitt Header Text  
Local ID 1 4075819801 Local Name 1 Shuffield Lowman & Wilson

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Document size : 8.5"x11"

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## Transmission Report

Date/Time 12-07-2012 03:24:56 p.m. Transmitt Header Text  
Local ID 1 4075819801 Local Name 1 Shuffield Lowman & Wilson

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Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 617-6102  
From: Internet Mail : 000772210 10/07/2012  
Internet Mail : 330039000115  
Phone : (850) 617-6100  
Fax Number : (850) 617-6102

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Email Address: [SHUFFIELDLOWMAN@SHUFFIELDLOWMAN.COM](mailto:SHUFFIELDLOWMAN@SHUFFIELDLOWMAN.COM)

FLORIDA LIMITED LIABILITY CO.  
CAPRI DRIVE PROPERTY, LLC

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Estimated Charge	\$123.00

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<http://efile.flcourts.org/efile/efile.asp>

12/7/2012

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	572	850-617-6381	03:17:08 p.m. 12-07-2012	00:03:21	3/3	1	EC	HS	CP14400

Abbreviations:  
HS: Host send  
HR: Host receive  
WS: Waiting send

PL: Polled local  
PR: Polled remote  
MS: Mailbox save

MP: Mailbox print  
RP: Report  
FF: Fax Forward

CP: Completed  
FA: Fail  
TU: Terminated by user

TS: Terminated by system  
G3: Group 3  
EC: Error Correct

Total Pages Scanned : 4

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No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	587	850-617-6381	12:53:20 p.m. 12-10-2012	00:03:34	4/4	1	EC	HS	CP14400

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## Transmission Report

Date/Time  
Local ID 1

12-07-2012  
4075819801

03:24:56 p.m.

Transmit Header Text  
Local Name 1

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Division of Corporations

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : SHUFFIELD LOWMAN  
Account Number : 120030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

#### FLORIDA LIMITED LIABILITY CO. CAPRI DRIVE PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

12/7/2012

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TS: Terminated by system  
G3: Group 3  
EC: Error Correct

**ARTICLES OF ORGANIZATION  
OF  
CAPRI DRIVE PROPERTY, LLC  
A Florida Limited Liability Company**

**FILED**  
12 DEC -7 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of this limited liability company is CAPRI DRIVE PROPERTY, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company are as follows:

1340 Bennett Drive  
Longwood, FL 32750

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on the date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

**ARTICLE V  
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager are as follows:

Ola R. Williams-Milam  
1340 Bennett Drive  
Longwood, FL 32750

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.