

L13000047638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900245250259

03/04/13--01051--024 **125.00

EFFECTIVE DATE
4/1/13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR - 1 PM 3:28

FILED

N. Culligan APR - 1 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2013

THE LUCAS LAW FIRM
17833 MURDOCK CIRCLE, SUITE B
PORT CHARLOTTE, FL 33948

SUBJECT: CAPONERA LOT 9, LLC
Ref. Number: W13000013030

We have received your document for CAPONERA LOT 9, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

03/04/13

Please return your document, along with 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00005157



March 1, 2013

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

RE: Caponera Lot 9, LLC

Dear Registration Section:

Enclosed, please find documents to be filed to set up an LLC for my client Caponera Lot 9, LLC as follows: Cover Letter, Articles of Organization and \$125.00 filing fee. Thank you for your attention in this matter.

Very truly yours,

Jason M. Lucas, Esquire

JML/pjd
Enclosures: As stated above
cc: Client

Jason M. Lucas, Esq.
jlucas@lucaslawfirm.org

Frank S. Leontitsis, Esq.
fleontitsis@lucaslawfirm.org

Phone: 941-206-2120
Fax: 941-206-2122
www.lucaslawfirm.org

17833 Murdock Circle, Suite B, Port Charlotte, FL 33948

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caponera Lot 9, 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:

Peter A. Caponera

Name of Person

Firm/Company

4800 S. Salford Blvd.

Address

North Port, FL 34287

City/State and Zip Code

cap2lc@gmail.com

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

For further information concerning this matter, please call:

Peter A. Caponera at (**941**) **876-3097**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caponera Lot 9, 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:

Mailing Address:

4800 S. Salford Blvd.

4800 S. Salford Blvd.

North Port, FL 34287

North Port, FL 34287

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:

Peter A. Caponera

Name

4800 S. Salford Blvd.

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

North Port, FL 34287

FL

City, State, and Zip

FILED
2013 APR - 1 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Peter A. Caponera
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

Peter A. Caponera

4800 S. Salford Blvd.

North Port, FL 34287

MGR

Lenida Caponera

4800 S. Salford Blvd.

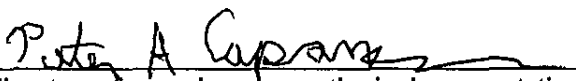
North Port, FL 34287

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/01/2013 (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. 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.)

Peter A. Caponera

Typed or printed name of signee

FILED
2013 APR -1 PM 3:29
STATE
TALLAHASSEE
FLORIDA

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)