

L13000048365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

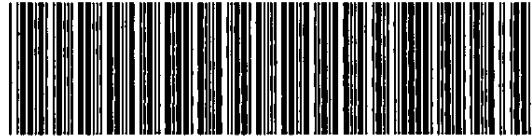
(Business Entity Name)

(Document Number)

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2013 APR - 1 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 02 2013

D. BRUCE

2013-13040

EFFECTIVE DATE 04/01/13

  
**LUCAS • LAW • FIRM**  
A PROFESSIONAL ASSOCIATION

March 27, 2013

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

RE: Caponera Lot 8, LLC  
Reference #: W13000013040

Dear Registration Section:

Enclosed, please find the returned Articles of Organization of Caponera Lot 8, LLC showing a proper filing date pursuant to the request set forth in your March 5, 2013 letter. Thank you for your attention in this matter.

Very truly yours,



Jason M. Lucas, Esquire

2013 APR - 1 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

JML/ymg  
Enclosure: 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2013

PETER A. CAPONERA  
4800 S. SALFORD BLVD.  
NORTH PORT, FL 34287

SUBJECT: CAPONERA LOT 8, LLC  
Ref. Number: W13000013040

We have received your document for CAPONERA LOT 8, 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 March 4, 2013. Please amend your document accordingly.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 213A00005163

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2013 APR - 1 PM 3:48

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(850) 245-6051

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Caponera Lot 8, 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**

Name of Person

at ( **941** ) **876-3097**

Area Code & Daytime Telephone Number

Enclosed is a check for 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, 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

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**2013 APR - 1 PM 3:48**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Caponera Lot 8, 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

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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.*

X Peter A Caponera

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 04/01/13

**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 **RC** 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:**

*Peter A Caponera*  
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

**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)

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 2013 APR -1 PM 3:48  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA