

L13 000173784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

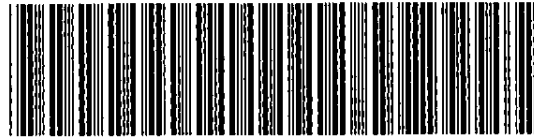
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000254692630

12/17/13--01024--022 **160.00

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 DEC 17 PM 2:18

RECEIVED
DEPARTMENT OF STATE
DIVISION OF REVENUE

DEC 17 2013

CLINE

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 DEC 17 PM 2:27

APPROVED
AND
FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Project Solutions 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:

Devin Ivy
Name of Person

Capital Project Solutions LLC
Firm/Company

267 Wilson Green Blvd
Address

Tallahassee FL 32305
City/State and Zip Code

ivy devin @ gmail . com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Devin Ivy at (850) 303-4660
Name of Person 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

13 DEC 17 PM 2:27
STATE OF FLORIDA
DIVISION OF CORPORATIONS

APPROVED
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Project Solutions 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:

267 Wilson Green Blvd
Tallahassee FL 32305

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

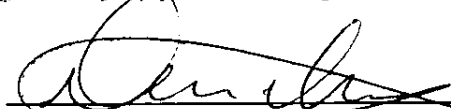
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Devin Fry
Name

267 Wilson Green Blvd
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32305
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)

13 DEC 17 PM 2:27
RECEIVED
FLORIDA

APPROVED
FILED

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:

MGR

Tara Hudson
1533 South Bronough St, Apt H
Tallahassee, FL 32301

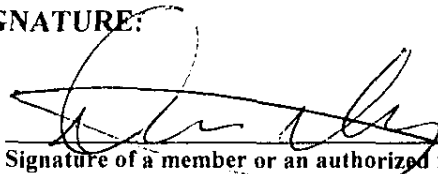
MGRM

Devin Ivy
267 Wilson Green Blvd
Tallahassee FL 32305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 1, 2014 (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.)

Devin Ivy
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)

2014 JAN 17 PM 2:27
TALLAHASSEE, FLORIDA

13 DEC 17 PM 2:27

NOT RECORDED
FILED