

L14000036157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

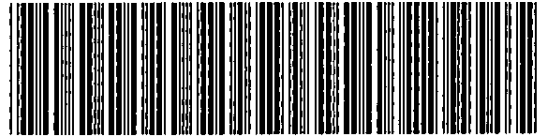
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/04/14--01001--010 **125.00

FILED
2014 MAR -3 PM 3:31
TALLAHASSEE, FLORIDA

FILED
14 MAR -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -4 2014

T. BROWN

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

Capistrano 4005 LLC

FILED
14 MAR -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Limited Liability Company is Capistrano 4005 LLC.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS

The principal place of business shall be:

9091 Covina Drive South, Unit 6904
Naples, FL 34113

and the mailing address of this Company is:

9091 Covina Drive South, Unit 6904
Naples, FL 34113

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Corporation at that address is Filings, Inc. a Florida Corporation.

ARTICLE V - MEMBERS

This Limited Liability Company has one Member whose name and address is:

Debora M. Bensinger
9091 Covina Drive South, Unit 6904, Naples, FL 34113

No additional Members shall be admitted unless all Members, (including any additional Members, other than original Members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

ARTICLE VI - MANAGEMENT

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Managing Member or Managing Members as appointed by the Members of this Limited Liability Company shall be authorized to manage and control this Limited Liability Company. Unless earlier revised, revoked or cancelled by the Members, this Authority shall be cancelled 5 years from the date of these Articles of Organization.

The name and address of the managing Member is:

Debora M. Bensinger

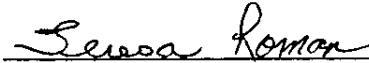
9091 Covina Drive South, Unit 6904, Naples, FL 34113

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

Dated: March 3, 2014

Filings, Inc.

By Teresa Roman, Vice-President



Authorized Representative
of a Member

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Capistrano 4005 LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: March 3, 2014

Filings, Inc.

By Teresa Roman, Vice-President

Authorized Representative
of a Member

Having been named to accept process of service for the above stated limited liability company, at the place designated in this certificate, I hereby agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: March 3, 2014

Filings, Inc.
By Teresa Roman, Vice-

President

Teresa Roman