L14000/18780

(Requ	uestor's Name)	
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2014 JUL 29 PK 1:

14 JUL 29 PH 1:3

JUL 2 9 2014

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Capital Property 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:
Justin Kindler Name of Person
Capital Proporty, LLE
140 Whetherbine Way West
Tallahassee, FL, 32301 City/State and Zip Code j Kind Q Q 1 @ Fiv.edu E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justin Kindler at 305 772.2470 Name of Person Area Code Daytime Telephone Number
Efficion is a check for the following amount:
\$125.00 Filing Fee Status Stat
Mailing Address Street/Courier Address

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

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:

Capital P	Caperty Services LLC Liability Company, "L.L.C.," or "L.L.C.")
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
140 Whetherbine Way West Tallohassec, FL, J2301	140 Whetherbine Way West Tollahussee, FL, 72301
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a Sustin Kindle Name 140 Whethers Florida street address (P.O. Box	sine Way West
Tallahassee	FL , 32301
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605 F8.
Registered Agent's Signat	ure (REQUIRED)
(CONTINUI	ED)

Page 1 of 2

JUL 29 PH 1: 30

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Justin Killer
	Tallahassee, FL, 32301
(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
•	e of filing: (OPTIONAL)
ective date is listed, the date must be sp of filing.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more than the date extends of the constitutes an affirmation und I am aware that any false inforced constitutes a third degree felows.	pecific and cannot be more than five business days prior to or some sember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. It is a more submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

Page 2 of 2