

L15000078312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

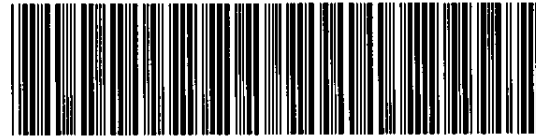
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600271337966

05/04/15--01008--014 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
15 MAY -4 AM 11:27

FILED  
15 MAY -4 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 5 2015  
T. HAMPTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

5-1-15



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1.

AF Capital LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AF CAPITAL 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:

**JOSEPH R. SAULNIER, CPA**

Name of Person

**HECKLER & O'KEEFE, CPAS, P.C.**

Firm/Company

**80 BUSINESS PARK DRIVE, SUITE 205**

Address

**ARMONK, NY 10504**

City/State and Zip Code

**JSaulnier@hokecpas.com**

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

For further information concerning this matter, please call:

**Joseph Saulnier**

**914**

**232-9221 ext 109**

at ( )

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 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:

AF CAPITAL 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:

790 ANDREWS AVENUE, UNIT E 101  
DELRAY BEACH, FL 33483

Mailing Address:

790 ANDREWS AVENUE, UNIT E 101  
DELRAY BEACH, FL 33483

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:

ANTHONY FASONE

Name

790 ANDREWS AVENUE, UNIT E 101

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

DELRAY BEACH      FL      33483

City                      State                      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 605, F.S.*

X Anthony Fasone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
15 MAY -4 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

~~Authorized Manager~~

**Name and Address:**

ANTHONY FASONE

790 ANDREWS AVENUE, UNIT E 101

DELRAY BEACH, FL 33483

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

X Anthony Fasone

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

ANTHONY FASONE

Typed or printed name of signer

**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)

FILED  
15 MAY -4 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA