

L190000021741

(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



400322541834

01/22/19--01040--016 \*\*125.00

19 JAN 22 PM 2:55  
JAN 22 2019  
JAN 22 2019

K PAGE

JAN 28 2019

August 29, 2018

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 322301

Reference: Main Real Estate + Capital LLC Florida Document Number L16000202663

Dear Department:

It has come to my attention that my annual report for 2018 was not filed for renewal and that my Company has been dissolved by the state.

At this time, as the Managing Member of Main Real Estate + Capital LLC, I would request that the department release my Florida document number L16000202663.

I am enclosing new articles that I request the state to file on my behalf.

Thanking you in advance for your assistance in these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Hamann', with a stylized, cursive-like script.

Michael F Hamann

Managing Member

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MAIN REAL ESTATE + 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:

MICHAEL F HAMANN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1314 CAPE CORAL PARKWAY E SUITE 208

\_\_\_\_\_  
Address

CAPE CORAL, FL 33904

\_\_\_\_\_  
City/State and Zip Code

HAMANN@MRC-FFM.DE

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

For further information concerning this matter, please call:

KATHLEEN FLYNN

239

984-3404

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**

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

**Street Address**

New Filing 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:

MAIN REAL ESTATE + CAPITAL LLC

(Must contain 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:

1314 CAPE CORAL PARKWAY E

SUITE 208

CAPE CORAL, FL 33904

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:

KATHLEEN FLYNN

Name

1314 CAPE CORAL PARKWAY E SUITE 208

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

CAPE CORAL

FL

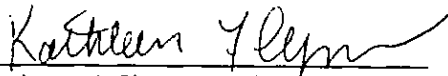
33904

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.,*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JAN 22 PM 2:55  
NOTARIAL SEAL  
NOTARY PUBLIC  
STATE OF FLORIDA  
KATHLEEN FLYNN

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Michael F Hamann

Hundertmorgenring 43

Walldorf Bei Frankfurt Germany 64546

(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:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Michael F Hamann

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)

19 JAN 22 PM 2:55  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE