

L200000238022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

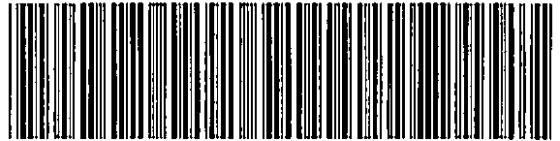
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100349376551

08/03/20--01013--003 **125.00

FILED
2020 AUG 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FL

N. CULLIGAN

AUG 17 2020

COVER LETTER

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

SUBJECT: Capstone Development, 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:

Julius Jones

Name of Person

Capstone Development, LLC

Firm/Company

1235 NE 16 Avenue

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

alan@capstonedevelopmentco.com

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

For further information concerning this matter, please call:

Alan Kerry 954 789-9299

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2020

ALAN KERRY
1235 NE 16TH AVENUE
FORT LAUDERDALE, FL 33304

SUBJECT: CAPSTONE DEVELOPMENT LLC
Ref. Number: W20000083752

We have received your document for CAPSTONE DEVELOPMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No form was enclosed. I am enclosing the Articles of Organization complete and send back to my attention. I have retained the consent letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 420A00014495

7/23/2020

To Whom it May Concern,

Please be advised that Capstone Development Company, Inc. (Document Number P19000013827) has electronically filed for dissolution. The confirmation/tracking number is 300348714803.

The previous members of the dissolved company have no intention to revoke the dissolution.

After the dissolution is confirmed, I would like to file for a new Florida for Profit Corporation using the name Capstone Development, LLC with a new business partner who will be the majority owner. The address of the new business will be located at 1235 NE 16th Avenue, Fort Lauderdale, FL 33304

The new Company will consist of two members, majority owner, Julius Jones (President) and Alan Kerry, Vice President. A check for a new LLC for \$125 is enclosed for the new LLC

Please advise on what action needs to be taken to complete these requests.

Sincerely,



Alan Kerry

alanekerry@gmail.com

954-789-9299

*This letter along with a check for \$125
was sent on 7/24/2020*

You should have letter & check on file.

Thanks

Alan Kerry

** IF there is an issue, please call me at 954-789-9299*

RECEIVED
2020 AUG 11 AM 11:35
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 AUG 17 PM 3: 27

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capstone Development, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1235 NE 16 Avenue Fort Lauderdale, FL 33304

1235 NE 16 Ave Fort Lauderdale, FL 33304

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:

Alan Kerry

Name

1320 SE 4 Avenue

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

Pompano Beach

FL

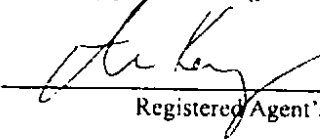
33060

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Julius Jones

1235 NE 16 Avenue

Fort Lauderdale, FL 33304

AMBR

Alan Kerry

1320 SE 4 Avenue

Pompano Beach, FL 33060

2020 AUG 17 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

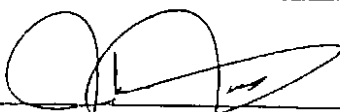
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Julius Jones

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)