

L21000374891

(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:

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21 AUG -9 PM 1:45

J DENNIS

AUG 20 2021



Commissioner Russell C. Weigel, III

April 20, 2021  
Adam Bruggeman  
945 Main Street  
Manchester, Connecticut 06040

Re: Capital Bankcard-New England, LLC

Dear Mr. Bruggeman:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Capital Bankcard-New England, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

RCW:jrr

cc: Gina McLeod, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CAPITAL BANKCARD-NEW ENGLAND, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JEANNE A. MORRONE

(Contact Person)

CAPITAL BANKCARD-NEW ENGLAND, LLC

(Firm/Company)

8469 IRONHORSE COURT

(Address)

WEST PALM BEACH, FL 33412

(City, State and Zip Code)

JEANNE@CAPITAL BANKCARDNE.CO

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ATTORNEY ADAM BRUGGEMAN at ( 860 ) 643-2501

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

21 AUG -9 PM 1:45

The Articles of Conversion and attached Articles of Organization are submitted to convert the following  
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida  
Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
CAPITAL BANKCARD-NEW ENGLAND, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of CONNECTICUT  
(Enter state, or if a non-U.S. entity, the name of the country)

on 4/11/2003  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
CAPITAL BANKCARD-NEW ENGLAND, LLC

(Enter Name of Florida Limited Liability Company)


4. If not effective on the date of filing, enter the effective date: DATE OF PRIOR FILING  
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after  
the date this document is filed by the Florida Department of State.)  
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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to  
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 30 day of JUNE 2021.

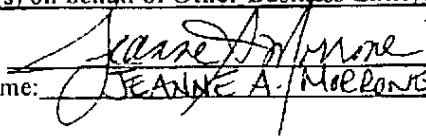
**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: 

Printed Name: JEANNE A. MORRONE

Title: MEMBER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: 

Printed Name: JEANNE A. MORRONE

Title: MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITAL BANKCARD-NEW ENGLAND, LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

8469 IRONHORSE COURT  
WEST PALM BEACH, FL 33412

### Mailing Address:

8469 IRONHORSE COURT  
WEST PALM BEACH, FL 33412

## 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:

JEANNE A. MORRONE

Name

8469 IRONHORSE COURT

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

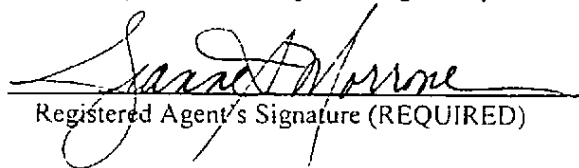
WEST PALM BEACH

FL 33412

City

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

AMBR

Name and Address:

WILLIAM T. MORRONE

8469 IRONHORSE COURT

WEST PALM BEACH, FL 33412

AMBR

JEANNE A. MORRONE

8469 IRONHORSE COURT

WEST PALM BEACH, FL 33412

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: 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.

JEANNE A. MORRONE

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)