

L23000285404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

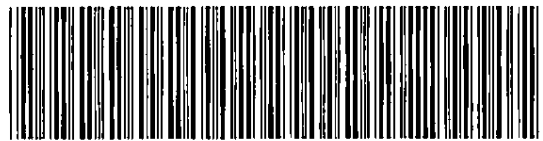
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700409218207

05/25/23--01024--013 **125.00

FALL 2023 SEP 1 10PM

2023 MAY 25 PM 6:02

COVER LETTER

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

SUBJECT: CAPSTONE BUILDING MAINTENANCE, 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:

LISA BURFORD

Name of Person

CAPSTONE TROPICAL HOLDINGS INC.

Firm/Company

7916 EVOLUTIONS WAY, SUITE 210

Address

TRINITY, FL 34655

City/State and Zip Code

LBURFORD@BHHSFLPG.NET

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

For further information concerning this matter, please call:

LISA BURFORD 727 312-4240

Name of Person Area Code 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

TALLAHASSEE, FL 32303

2023 MAY 25 PM 6:02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPSTONE BUILDING MAINTENANCE 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:

7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

Mailing Address:

7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

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:

D. DEWEY MITCHELL

Name

7916 EVOLUTIONS WAY, SUITE 210

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

TRINITY

FL

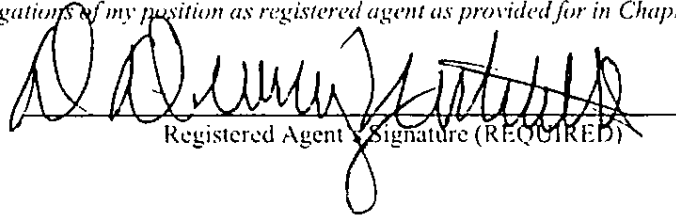
34655

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

CEO

ALLEN S. CRUMBLEY
7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

PRESIDENT

CASEY BRYAN
7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

SECRETARY

D. DEWEY MITCHELL
7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

TREASURER

D. DEWEY MITCHELL
7916 EVOLUTIONS WAY, SUITE 210
TRINITY, FL 34655

(Use attachment if necessary)

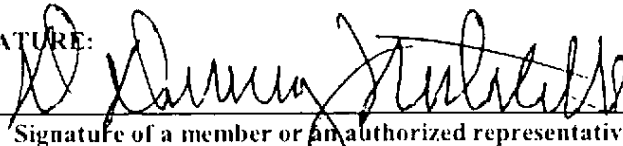
ARTICLE V: Effective date, if other than the date of filing: MAY 19, 2023 (OPTIONAL)

(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.

D. DEWEY MITCHELL

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
2023 MAY 25 PM 6:02
TALLAHASSEE, FLORIDA

2023 MAY 25 PM 6:02