

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-322-8562 Fax (904) 222-1222

L990000001370

Capco, L.C.

100002801321--6

-03/10/99--01093--004

*****293.75 *****293.75

RECEIVED

99 MAR 10 PM 1:15

DIVISION OF CORPORATION

L99-1370

Name	3-11
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

Signature

Requested by: LS 3/10/99 12:30

Name Date Time

Walk-In Will Pick Up

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ☒ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- ☒ Photo Copy
- ☒ Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:08



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 10, 1999

CAPITAL CONNECTION

SUBJECT: CAPCO, L.C.
Ref. Number: W99000005808

We have received your document for CAPCO, L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 999A00011343

RECEIVED
99 MAR 11 AM 10:03
DIVISION OF CORPORATIONS
Corrected

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Capco International, L.C.

ARTICLE II - Address:

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

601 S. Fremont Avenue
Tampa, FL 33606

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Jos Habraken
4123 W. Kennedy Boulevard
Tampa, FL 33607

Rebecca R. Bell
601 S. Fremont Avenue
Tampa, FL 33606

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

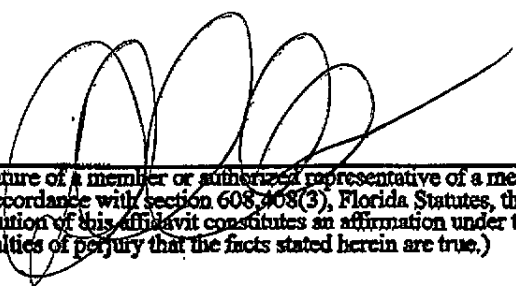
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:08

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Capco International, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 5,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 25,000.00 .
- 5) the total amount of 2, 3, and 4 is \$ 30,000.00 .



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:08

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Capco International, L.C.

2. The name and address of the registered agent and office is:

DOMENIC L. MASSARI, III

(NAME)

= 601 S. Fremont Avenue

(P.O. Box NOT ACCEPTABLE)

Tampa, FL 33606

(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 11:08

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.


(SIGNATURE)

3-8-99
(DATE)