

L9900000 3046

Greg Capullo
Requestor's Name

18724 Wimbledon Circle
Address

Lutz, FL 33549
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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****285.00 ****285.00

Name	5/17/99
Availability	for
OTHER FILINGS	
Document	Annual Report DCC
Examine	Fictitious Name DCC
Register	Name Reservation
Transfer	DCC
Amendment	DCC
W. P. Verifier	DCC

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX _____
FILING 285.00
R. AGENT FEE _____
C. COPY _____
TOTAL _____
N. BANK _____
BALANCE DUE _____
REFUND _____

L9900000 3046

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 1999

GREG CAPELLO
18724 WIMBLEDON CIRCLE
LUTZ, FL 33549

SUBJECT: WEST FLORIDA CAPITAL MANAGEMENT, L.L.C.
Ref. Number: W99000011427

We have received your document for WEST FLORIDA CAPITAL MANAGEMENT, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the second page of the application.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 799A00027054

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: West Florida Capital Management, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
2502 Rocky Point Drive, Suite 670, Tampa, Florida 33607

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: December 31, 2099

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Greg Capello
2502 Rocky Point Drive, Suite 670, Tampa, Florida 33607

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

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: as determined by the Manager.

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: The business shall continue without any action being required.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of West Florida Capital Management, L.L.C. certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$ 1,000;

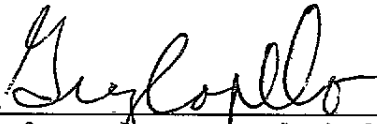
3) if any, the agreed value of property other than cash contributed by member(s) is

\$ 0;

(A description of the property is attached and made a part hereto.); and

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 1,000.



Signature of a member or an 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.)

Greg Capello, Manager

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

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**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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: West Florida Capital Management, L.L.C.

2. The name and the Florida street address of the registered agent are:

Greg Capello
NAME

2502 Rocky Point Drive, Suite 670
Florida street address (P.O. Box NOT ACCEPTABLE)

Tampa, Florida 33607
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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