

MO6000004413

(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

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cus 5



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06/27/06--01026--002 **78.75

07/24/06--01003--013 **51.25

- Cert
- MGR's/MGRm's

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG - 9 AM 9:47



Capital Investigating & Adjusting

June 22, 2006

New Filing Section
Division of Corporations
POB 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have attached an application for a Certificate of Existence for your review.

Please give me a call if you have any additional questions or comments.

Thank you,

Michael Manni



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2006

MICHAEL MANNI
CAPITAL INVESTING
P.O. BOX 4997
MANCHESTER, NY 03108

SUBJECT: CAPINVAD LLC
Ref. Number: W06000029063

We have received your document for CAPINVAD LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$51.25.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 406A00042495



Capital Investigating & Adjusting

July 10, 2006

Registration Section
Division of Corporations
POB 6327
Tallahassee, FL 32314

RE:

Registration of foreign LLC
Letter Ref: 406A00042495

I have attached the corrected forms for your review.

Thank you,

Michael Manni

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPINVAS LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael Manni
(Name of Person)

Capital Investigating
(Firm/Company)

POB 4997
(Address)

Manchester NM 03108
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Manni at (603) 505 6008
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2006

MICHAEL MANNI
CAPITAL INVESTING
P.O. BOX 4997
MANCHESTER, NH 03108

We have received your document for CAPINVAD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.
- X The certificate you submitted is a certificate of good standing for your trade name registration.
- ✓ Number 9 of the application must contain the name and address of each manager or managing member.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 306A00047305



Capital Investigating & Adjusting

August 3, 2006

Florida Department of State
POB 6327
Tallahassee, FL 32314

Attention: Brenda Tadlock – Sr Section Administrator

RE:
Letter Number: 306A00047305
License: Private Investigator
Applicant: Michael Manni
Company: Capital Investigating

Brenda,

I have attached and corrected the paperwork requested in the above stated letter. I have attached all information for your review.

Please call me with any questions.

Thank you,

Michael Manni



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2006

MICHAEL MANNI
CAPITAL INVESTIGATING & ADJUSTING
P.O. BOX 4997
MANCHESTER, NH 03108

SUBJECT: CAPINVAD, LLC
Ref. Number: W06000029063

We have received your document for CAPINVAD, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Again, the certificate you have submitted is not acceptable. You must submit a certificate of good standing or existence for the limited liability company you are trying to register. The certificate you have submitted is a certificate of registration for your trade name "CAPITAL INVESTIGATING & ADJUSTING."

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 306A00049261



Capital Investigating & Adjusting

August 9, 2006

Registration Section
Division of Corporations
POB 6327
Tallahassee, FL32314

Attention: Brenda

RE:
Certificate of Good Standing

Brenda,

I have attached the Certificate of Good Standing for Capinvad LLC dba Capital Investigating & Adjusting.

I apologize for any inconvenience. Please feel free to call me at 603 505 6008 if you have any questions.

Thank you,

Michael Manni

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Caprius, LLC
(Name of Foreign Limited Liability Company)
2. NH 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/9/98 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/1/06
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8036 S. Willow ST Bldg 3 Unit 1
Manchester NH 03103
(Street Address of Principal Office)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG -9 AM 9:47

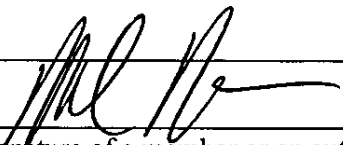
8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Michael Manni
POB 4997 - 8036 S. Willow ST, Bldg 3, Unit 1
Manchester NH 03108

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance Investigations



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

Michael Manni

Typed or printed name of signee

**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:

_____ CAPINVAD, LLC _____

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

_____ MATT King _____
(Name)

_____ 696 Southwest Jada RD _____
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

_____ Port St Lucie FL 34953 _____
City/State/Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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 608, Florida Statutes.

_____ Matt King _____
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CAPINVAD, LLC is a New Hampshire limited liability company formed on SEPTEMBER 9, 1998. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of August, A.D. 2006

A handwritten signature in dark ink, appearing to read "William M. Gardner", is written over a horizontal line.

William M. Gardner
Secretary of State