

MD80000002344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____

Certificates of Status _____

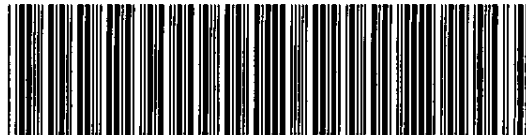
Special Instructions to Filing Officer:

L. SELLERS

MAY 19 2008

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2008 MAY 15 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capstone Insurance Agency & Financial Services 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:

Jeffrey E. Campion, ~~JE~~

(Name of Person)

Capstone Insurance Agency & Financial Services LLC

(Firm/Company)

620 N. Campbell Station Road Suite 25

(Address)

Knoxville, TN 37934

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Rose

(Name of Person)

at (865) 671-6953

(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

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

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

1. Capstone Insurance Agency & Financial Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Capstone Insurance Agency LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. TN

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8697243

(FEI number, if applicable)

4. 03-22-2007

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon registration

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 713 Grouper Lane

Key Largo, FL 33037

(Street Address of Principal Office)

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:

Jeffrey E. Campion,

1730 Main Street Suite 216

Weston, FL 33326

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 Agency

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.)

Jeffrey E. Campion, P.A

Typed or printed name of signee

2008 MAY 15 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Capstone Insurance Agency & Financial Services LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Capstone Insurance Agency LLC

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

Jeffrey E. Campion, P.A

(Name)

1730 Main Street Suite 216

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston, FL 33326

FL

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 608, Florida Statutes.


(Signature)

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

FILED

2008 MAY 15 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/08/2008
REQUEST NUMBER: 6311-1962
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/22/ 07
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0544618
JURISDICTION: TENNESSEE

TO:
CAPSTONE INSURANCE AGENCY & FINANCIAL
620 N CAMPBELL STATI
SUITE 25
KNOXVILLE, TN 37934

REQUESTED BY:
CAPSTONE INSURANCE AGENCY & FINANCIAL
620 N CAMPBELL STATI
SUITE 25
KNOXVILLE, TN 37934

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CAPSTONE INSURANCE AGENCY AND FINANCIAL SERVICES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/08/08

FROM:
CAPSTONE INSURANCE AGENCY & FINANCIAL SE
620 N CAMPBELL STATI
SUITE 25
KNOXVILLE, TN 37934-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED \$20.00
RECEIPT NUMBER 00004399585
ACCOUNT NUMBER 00599514



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

FILED
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SECRETARY OF STATE
TALLASSEE, FLORIDA