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SECKETARY OF STATE
TALLAHASSEF, FI OBIG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Capital Land Settlements, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business Existence, and check are submitted to register the above referenced foreign limited liability company to the compa	
Please return all correspondence concerning this matter to the following:	
Jonathan M Yasko	
Name of Person	
Capital Land Settlements, LLC	
Firm/Company	
123 Center Park Drive, Suite 223	
Address	
Knoxville, TN 37922	
City/State and Zip Code	
jyasko@goentrust.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jessica Yasko at (865) 691-1287	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{Fee} \text{\$\sum_{130.00}\$ Filing Fee & Certified Copy} \text{\$\sum_{155.00}\$ Filing Fee & Certified Copy} \text{\$\sum_{160.00}\$ Filing Fee & Certified Copy} \$\sum_{160	

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:

Liiv	INTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Capital Land Settlements, LLC	
_	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	written
con	sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili	
Cor	mpany," "L.L.C," "LLC.")	
٠ .	Tennessee 3, 45-5276712	
	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
ċ	company is organized)	
,	05/15/2012 5.	
4.	(Date of Organization) 5. (Duration: Year limited liability company will cease to	
	exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	123 Center Park Drive, Suite 223 Array 123 Center Park Drive, Suite 223	أ استبالين . ب
<i>'</i> · ·		CONTRACT.
	Knoxville, TN 37922	in Upper-foliki
•	(Street Address of Principal Office)	П
8.	If limited liability company is a manager-managed company, check here	
^	$lue{f \Box} m$. $lue{f \omega}$	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Jonathan M Yasko, 123 Center Park Dr., Suite 223, Knoxville, TN 37922	
	Tonaman in Table, 120 Content and Bri, Calle 220, Milosymo, 114 Cr 022	
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	ords in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
tran	slation of the certificate under oath of the translator must be submitted.)	
1.1	Nature of business or purposes to be conducted or promoted in Florida: Title Agency	
	1 Training of business of purposes to be conducted of promoted in Fiornal.	
_		
	100	
	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. 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.)	
	Jonathan M Yasko	
	Typed or printed name of signee	
	r ypeu or printed name or signed	

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.

. The name of the Limited Liability Company is:				
Capital Land Settlements, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
The name and the Florida street address of the registered agent and office are:				
Wolfe Financial Group				
(Name)				
1515 International Pkwy Ste. 1001 Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Lake Mary FL 32746 City/State/Zip				
aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.				
Mul-				
(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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CAPITAL LAND SETTLEMENTS, LLC

August 24, 2012

STE 223 123 CENTER PARK DR KNOXVILLE, TN 37922-2167

Request Type: Certificate of Existence/Authorization

Issuance Date: 08/24/2012

Copies Requested:

Request #: 0075021

Document Receipt

Receipt #: 812876

Filing Fee:

\$20.00

Payment-Check/MO - ENTRUST SOLUTIONS, LLC, KNOXVILLE, TN

\$20.00

Regarding:

Capital Land Settlements, LLC

Control #:

686974

Filing Type:

Status:

Limited Liability Company - Domestic

Date Formed:

05/23/2012

Formation/Qualification Date: 05/23/2012

Duration Term:

Active

Formation Locale: TENNESSEE

Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Capital Land Settlements, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 001523010