

M12000005571

(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



300239135093

09/04/12--01036--022 **70.00

300239135093
09/26/12--01019--002 **58.00

FILED

2012 OCT -4 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -5 2012

EXAMINER

47 115919



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2012

SUSAN C DAUB
CAPITAL FINANCIAL PARTNERS, LLC
5879 NW 124 WAY
CORAL SPRINGS, FL 33076

SUBJECT: CAPITAL FINANCIAL PARTNERS LLC
Ref. Number: W12000045919

*Prove letter
states not
revoke the dissolution
release name &
sign*

2012 OCT -4 PM 1:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CAPITAL FINANCIAL PARTNERS LLC and your check(s) totaling \$70.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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

Please return the corrected 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) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 412A00022485

RECEIVED
12 SEP 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2012

SUSAN C DAUB
CAPITAL FINANCIAL PARTNERS, LLC
5879 NW 124 WAY
CORAL SPRINGS, FL 33076

SUBJECT: CAPITAL FINANCIAL PARTNERS LLC
Ref. Number: W12000045919

FILED
2012 OCT -4 PM 1:05
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

We have received your document for CAPITAL FINANCIAL PARTNERS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 112A00024039

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Financial Partners, 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:

Susan Daub
Name of Person

Capital Financial Partners, LLC
Firm/Company

5879 NW 124 Way
Address

Coral Springs, FL 33076
City/State and Zip Code

SDAUB @ CapFinp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Daub at (954) 461-3994
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
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

FILED
OCT -4 PM 1:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Capital Financial Partners, LLC
400 Foxborough Blvd
Ste 8314
Foxborough MA 02035

September 17, 2012

To Florida Department of State
Division of Corporations

We are applying to be a foreign entity doing business in Florida. Please note that we do not want to revoke the dissolution of the name in Florida and therefore need name to be released so we can complete as foreign entity.

It is the same LLC that we mistakenly created as a Fla LLC.

Thank you, please contact me with any questions.

Susan C. Daub
Partner
954-461-3996
sdaub@capfinp.com

FILED
2012 OCT -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Capital Financial Partners 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Massachusetts 3. 45-5449436
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 7 2012 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JUNE 30 2012
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 400 Foxborough Blvd Ste 8314
Foxborough, MA 02035
(Street Address of Principal Office)

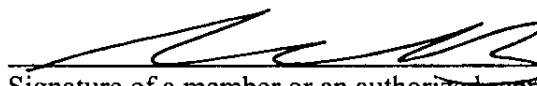
8. If limited liability company is a manager-managed company, check here ☒

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

① Will Allen ② Jean Drob
400 Foxborough Blvd Ste 8314 5879 NW 124 way
Foxborough, MA 02035 Coral Springs, FL 33076

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: Lending


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.)

Susan C Drob

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:

Capital Financial Partners, LLC

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

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

Susan Davis

(Name)

5879 NW 124 Way

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

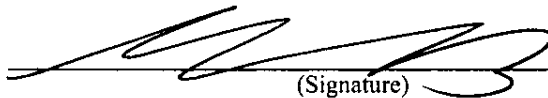
Coral Springs

FL

33076

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
2012 OCT -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

August 23, 2012

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CAPITAL FINANCIAL PARTNERS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 7, 2012.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **WILL ALLEN, SUSAN DAUB**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **WILL ALLEN, SUSAN DAUB**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **WILL ALLEN, SUSAN DAUB**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

