

M15000004622

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 JUN 12 A 8:54

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JUN 15 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2015

JAMES SCHMIDT  
777 S HARBOUR ISLAND BLVD  
#215  
TAMPA, FL 33602

SUBJECT: CAPITOL INVESTMENT PROPERTIES, LLC  
Ref. Number: W15000038796

We have received your document for CAPITOL INVESTMENT PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

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) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 115A00011661

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CAPITOL INVESTMENT PROPERTIES, 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:

JAMES SCHMIDT

Name of Person

JAMES A. SCHMIDT, P.A.

Firm/Company

777 S. HARBOUR ISLAND BLVD., STE. 215

Address

TAMPA, FL 33602

City/State and Zip Code

**JAS @ SCHMIDT LAW OFFICE . COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES SCHMIDT

813

250-3700

at ( )

Name of Contact 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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. CAPITOL INVESTMENT PROPERTIES, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. STATE OF CONNECTICUT

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. JUNE 3, 2015

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 195 MEADOWBROOK PLACE

CHESHIRE, CT 06410

(Street Address of Principal Office)

6. 195 MEADOWBROOK PLACE

CHESHIRE, CT 06410

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES A. SCHMIDT, P.A.

Office Address: 777 S. HARBOUR ISLAND BLVD., STE. 215

TAMPA, Florida 33602

(City)

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

THOMAS M. DIFAZIO SR., MANAGER

195 MEADOWBROOK PLACE

CHESHIRE, CT 06410

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



6/3/15

Signature of an authorized person

(In accordance with section 605.0203, 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.)

JAMES A. SCHMIDT, ESQ.

Typed or printed name of signee

RECEIVED  
DEPARTMENT OF STATE  
JUN 12 2015

2015 JUN 12 A 8:54

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# AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared **THOMAS M. DIFAZIO SR.** ("Affiant"), who being first duly sworn upon oath, deposes and says:

1. That Affiant is the manager of Capitol Investment Properties, LLC, a Connecticut limited liability company (the "Company").
2. The Company has not conducted any business in the state of Florida prior to the submission of the Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida, dated June 3, 2015.

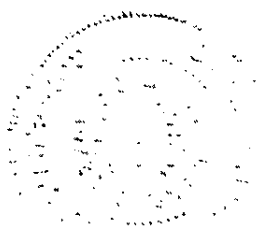
FURTHER AFFIANT SAYETH NAUGHT.

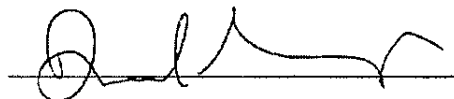
  
**THOMAS M. DIFAZIO SR.**

STATE OF Connecticut

COUNTY OF New Haven

Sworn and subscribed to before me, this 10<sup>th</sup> day of June, 2015, by **THOMAS M. DIFAZIO SR.**, who is personally known to me or who has produced State of Connecticut Driver License identification.





NOTARY PUBLIC

Name: David Nesby

Serial No.

My Commission expires: 04/30/2018

**FILED**  
2015 JUN 12 A 8:54  
CLERK OF SUPERIOR COURT  
NEW HAVEN, CONNECTICUT

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

CAPITOL INVESTMENT PROPERTIES, LLC

a domestic limited liability company, were filed in this office on August 17, 1994.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: May 22, 2015