m1700000131

(Re	equestor's Name)			
(Ad	dress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400293763124

JAN -5 AN 9

SUPPLICITATION OF SILE

D. SCOTT JAN 6 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 449217 / 4719018

AUTHORIZATION : Spelle le man

COST LIMIT : \$ 125.00

ORDER DATE: January 5, 2017

ORDER TIME : 12:37 PM

ORDER NO. : 449217-005

CUSTOMER NO: 4719018

FOREIGN FILINGS

NAME: CAPITAL SHIELD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

, CAPITAL SHIELD, LI	MNESS IN THE STATE OF FLORIDA L.C.	r			
4.	eign Limited Liability Company; mus	st include "Limited I	iability Company," "L.L.C.," or	·LLC.')	
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose or "LLC.")	e of transacting busin	ness in Florida. The alternate nam	e must include "Limited	
DELAWARE		3 81-456648	6		
	of which foreign limited liability	J	(FEI number, if applicable)		
4. ^{n/a}				-	
	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior .0905, F.S. to determ	r to registration.) sine penalty liability)		
5. 10115 VALIANT COL	URT, UNIT 202			-	
MIROMAR LAKES, I	FL 33913				
	(Street Address of)	Principal Office)		•	
6. 10113 VALIANT COL	JRT, UNIT 202			-	
MIROMAR LAKES, I	FL 33913			_	
	(Mailing	Address)			•
7. Name and street address	ss of Florida registered agent: (P.	O. Box NOT acce	eptable)		
Name:	JAMES FOGLIO				
Office Address:	10115 VALIANT COURT, UN	(IT 202			
	MIROMAR LAKES		, Florida 33913		
Registered agent's accep	(City)		(Zip code)	•	
designated in this applica to complywith the provisi	rgistered agent and to accept servition, I hereby accept the appointions of all statutes relative to the my position as registered agent. By JAYAP (Regist	tment as registered	d agent and agree to act in the ete performance of my duties	is capacity. I further agree	
	acity and address of the person(s)) who has/have aut	hority to manage is/are:	ALC:	
JAMES FOGLIO, MEMI					
				얼룩 5	
MIROMAR LAKES, FL	33913				
jurisdiction under the law of the translator must be s	Signature	ertificate is in a for	reign language, a translation o	custody of records in the of the certificate under oath	
submitted in a document to	d in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florioutes a third degree	da Statutes. I am aware that an felony as provided for in s.817	y false information '.155, F.S.	
	JAMES FOGLIO, MEMBER				

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPITAL SHIELD, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL SHIELD, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.





6194253 8300

SR# 20170061804

Authentication: 201820427

Date: 01-05-17