

L080000076561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

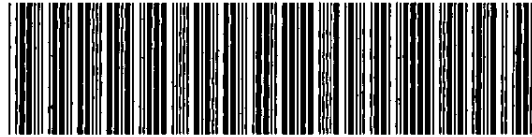
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700134070397

08/08/08--01010--016 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG - 8 PM 1:32

J. BRYAN

AUG 11 2008

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1160 Cypress Glen Circle, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre J. Seacord, Esq.

(Name of Person)

Ringer, Henry, Buckley & Seacord, P.A.

(Firm/Company)

14 East Washington Street Suite 200

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Pierre J. Seacord, P.A.

(Name of Person)

at (407)

841-3800

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG -8 PM 1:32

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED STATE
SECRETARY OF CORPORATIONS
08 AUG -8 PM 1:32

ARTICLE I - Name:

The name of the Limited Liability Company is:

1160 Cypress Glen Circle, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1160 Cypress Glen Circle

Kissimmee, FL 34741

Mailing Address:

14 East Washington Street, Suite 200

Orlando, FL 32801

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ringer, Henry, Buckley & Seacord, P.A.

Name

14 East Washington Street Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FLORIDA 32801

City, State, and 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..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael R. Denardis

1160 Cypress Glen Circle, LLC

Kissimmee, FL 34741

MGRM

Mark R. Palazzolo

1160 Cypress Glen Circle, LLC

Kissimmee, FL 34741

-0-

-0-

-0-

-0-

(Use attachment if necessary)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG -8 PM 1:32

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Mark Palazzolo

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark R. Palazzolo

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)