

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000254264 3)))



H140002542643ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : OSBORNE & OSBORNE, P.A.
 Account Number : I20000000119
 Phone : (561) 395-1000
 Fax Number : (561) 368-6930

2014 OCT 30 PM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RIM 2@OSBORNEPA.COM

FLORIDA LIMITED LIABILITY CO.
4406 CYPRESS LANE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

OCT 31 2014

T. CLINE

RECEIVED

14 OCT 30 AM 10:00

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

((H14000254264 3)))

((H14000254264 3)))

ARTICLES OF ORGANIZATION FOR
4406 CYPRESS LANE, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

4406 CYPRESS LANE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

Mailing Address:
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

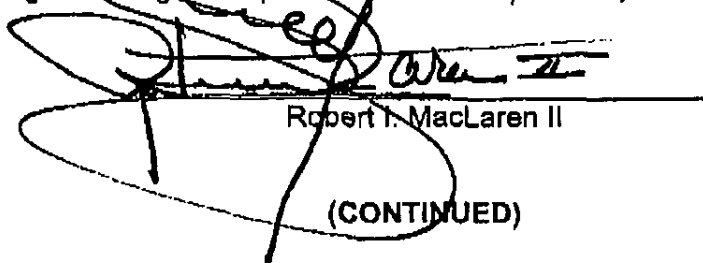
FILED
2014 OCT 30 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Robert I. MacLaren II
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

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 605, F.S.


Robert I. MacLaren II
(CONTINUED)

((H14000254264 3)))

((H140002542643)))

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR
ADDRESS

ROBERT I. MacLAREN II
798 South Federal Highway
Suite 100
Boca Raton, Florida 33432

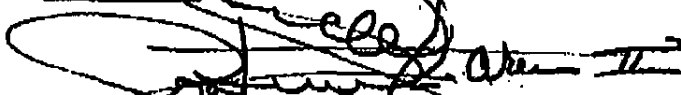
2014 OCT 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date is October 30, 2014

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes 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.)

Robert I. MacLaren II

Typed or printed name of signee

((H140002542643)))