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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.

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To:

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

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Cypress Creek Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 AUG 10 PM 12:23

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850-617-6381

8/7/2020 1:08:57 PM PAGE 1/001

Fax Server



August 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAVESE LAW FIRM

SUBJECT: CYPRESS CREEK PROPERTIES, LLC
REF: W20000086392

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000265530
Letter Number: 120A00014876

H200002655303

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. Cypress Creek Properties, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Ohio

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

3.

20-0404326

(FBI number, if applicable)

8/5/2020

4.

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

1110 Euclid Ave, #300

5.

(Street Address of Principal Office)

Cleveland, OH 44115

1110 Euclid Ave #300

6.

(Mailing Address)

Cleveland, OH 44115

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

Name:

PLF Registered Agent, LLC

Office Address:

1833 Hendry Street

Fort Myers

(City)

Florida

33901

(Zip code)

Registered agent's acceptance:

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 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)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brian M. Intihar</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1110 Euclid Ave #300</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Cleveland, OH 44115</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Signature of an authorized person

Brian M. Intihar

Typed or printed name of signer

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CYPRESS CREEK PROPERTIES, LLC, an Ohio Limited Liability Company, Registration Number 1423277, was organized within the State of Ohio on November 18, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of August, A.D. 2020.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Frank LaRose
Ohio Secretary of State

Mon Aug 10 2020

Entity#: 1423277
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 11/18/2003
Location: —
Business Name: CYPRESS CREEK PROPERTIES, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

STEVEN A CALABRESE
1110 EUCLID AVE SUITE 300
CLEVELAND OH 44115
11/18/2003
Active

Filings

Filing Type	Date of Filing	Document ID
ARTICLES OF ORGANIZATION/DOM. LIMITED LIABILITY CO	11/18/2003	200332201516

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th of August, A.D. 2020

Ohio Secretary of State

Frank LaRose

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/18/2003	200332201516	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

DWORKEN & BERNSTEIN CO LPA
ATTN: DAVID RICHARDS JR
60 S PARK AVE
PAINESVILLE, OH 44077

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1423277

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CYPRESS CREEK PROPERTIES, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200332201516



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 18th day of November,
A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 ** Requires an additional fee of \$100 **
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (108-LFA) ORC 1705 (Date of Formation) _____ (State) _____
---	---

Complete the general information in this section for the box checked above.

Name Cypress Creek Properties, LLC

☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd., L.L.C., L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) Date of filing hereof _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

This limited liability company shall exist for Perpetual _____
(Optional) (Period of existence)

Purpose _____
(Optional)

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is _____

(Optional) Steven A. Calabrese
(Name)
c/o 1110 Euclid Avenue, Ste. 300
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Cleveland OH 44115
(City) (State) (Zip Code)

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Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Cypress Creek Properties, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Steven A. Calabrese

(Name of Agent)

c/o 1110 Euclid Avenue, Ste. 300

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Ohio

(State)

44115

(Zip Code)

Must be authenticated by an authorized representative



Authorized Representative

Nov. 17, 2003

Date



Authorized Representative

Date

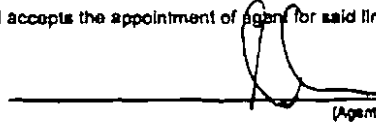
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Cypress Creek Properties, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability company.



(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

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Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- the agent cannot be found, or
- the limited liability company fails to designate another agent when required to do so, or
- the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See instructions)



Authorized Representative

Steven A. Calabrese

(Print Name)

Nov. 17, 2003

Date

Authorized Representative

(Print Name)

Date

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