

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000012875

Shaggy Cypress, L.L.C.

600003433626--7

-10/20/00--01054--011

\*\*\*\*320.00 \*\*\*\*160.00

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by: LS

Name

10/20/00

Date

10:49

Time

Walk-In

Will Pick Up

SECRET  
TALLAHASSEE

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
00 OCT 20 PM 12:59

RECEIVED  
00 OCT 20 PM 12:02

APPROVED  
AND  
FILED

JB  
10-20-00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:** SHAGGY CYPRESS, L.L.C.

The name of the Limited Liability Company is:

**ARTICLE II - Address:** 7000 Big Island Ranch Road, Naples, Florida 34120

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

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

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

William L. McDaniel, Jr.  
Name  
7000 Big Island Ranch Road  
Florida street address (P.O. Box **NOT** acceptable)  
Naples, FL 34120  
City, State, and Zip

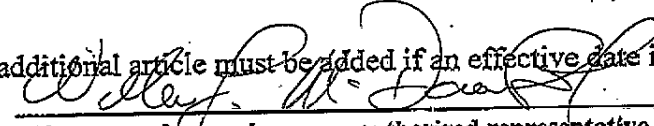
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S..*

X   
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

X   
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.)

William L. McDaniel, Jr.

Typed or printed name of signer

**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)

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SECRET  
STATE  
TALLAHASSEE  
FLORIDA