

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L010000006769

CONTACT: CINDY HICKS

DATE: 5-1-2001

REF. #: 0694. 15810

CORP. NAME: Cyprina Integra, LLC

01 MAY - 1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAY - 1 PM 2:14
TO BE FILED
SUFFICIENT FOR FILING

- | | |
|--|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 |
| <input type="checkbox"/> OTHER: | |

- | |
|---|
| <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> UCC-3 |

STATE FEES PREPAID WITH CHECK# 6101 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

700004103757--6
-05/01/01--01087--022
****125.00 ****125.00

COST LIMIT: \$

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY

01 MAY - 1 PM 2:02

RECEIVED

Examiner's Initials

5-1-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYPRINA INTEGRA, LLC

ARTICLE II - Address:

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

695 E. GOLF DRIVE, UNIT 10
SANABEL ISLAND, FLORIDA 33957

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

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

CORPDIRECT AGENTS

103 N. MERIDIAN ^{Name} STREET, LOWER LEVEL
^{Florida street address (P.O. Box NOT acceptable)}
TALLAHASSEE, FL 32301
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..

Pam Wolfe

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)

Linda Powers
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.)

LINDA POWERS

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)

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