

LD1000009419

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CIBE Lincoln Road, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 6/12

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-06/12/01--01027--017

***155.00 ***155.00

W01-13388

Examiner's Initials

W01-13301



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 12, 2001

CAPITOL SERVICES

SUBJECT: CIBE LINCOLN ROAD LLC
Ref. Number: W01000013388

We have received your document for CIBE LINCOLN ROAD LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 001A00035976

APPROVED
AND
FILED
01 JUN 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **CIBE LINCOLN ROAD LLC**

ARTICLE II - Address:

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

3 East 54th Street-Suite 1265 New York, New York 10022

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

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

Paralegal & Attorney Service Bureau, Inc.
Name
1406 Hays St., Suite 2
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..


 Registered Agent's Signature Kathleen J Hill, Pres

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.


 Reid Rosen-Authorized Representative of a Member
 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.)

Reid Rosen

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)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 JUN 12 PM 12:14

APPROVAL
 AND
 FILED