

L02000006785

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

000005139290--0

-03/21/02--01043--013
****155.00 ****155.00

DATE: 3-21-02

REF. #: 0174.5630

CORP. NAME: Cabot Pointe Associates, LLC.
W02-1986

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

DIVISION OF CORPORATION

02 MAR 21 PM 12:37

RECEIVED

02 MAR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

STATE FEES PREPAID WITH CHECK# 501879 FOR \$ 188.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 21, 2002

CORPDIRECT AGENTS, INC.

SUBJECT: CABOT POINTE ASSOCIATES, L.L.C.
Ref. Number: W02000007986

We have received your document for CABOT POINTE ASSOCIATES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

A post office box is not an acceptable address for the registered agent.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 702A00017031

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

CABOT POINTE ASSOCIATES, L.L.C.,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

CABOT POINTE ASSOCIATES, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

240 S. Pineapple Avenue - 10th Floor
Sarasota, Florida 34236

The mailing address of the Limited Liability Company shall be :

P.O. Box 49948
Sarasota, Florida 34230-6948

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David S. Band

240 S. Pineapple Avenue - 10th Floor
Sarasota, Florida 34230-6948

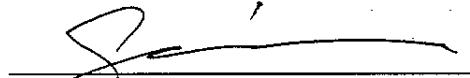
ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

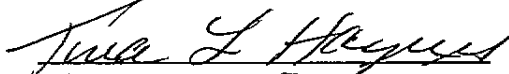
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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
20th day of March, 2002.

WITNESSES:


Print Name GATHA K. MILHORN


David S. Band


Print Name TINA L. HAYNES

“MANAGER”

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

CABOT POINTE ASSOCIATES, L.L.C.

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

David S. Band
740 S. Pineapple Ave - 10th Fl.
Sarasota, Florida 34230-6948

Having been named 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 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.

Date:

3/20/02


David S. Band

"REGISTERED AGENT"

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TALLAHASSEE, FLORIDA