

L03000051200

Florida Department of State
Division of Corporations
Public Access System

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.

((H03000344523 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

03 DEC 31 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

LIMITED LIABILITY COMPANY

CYPRESS ISLAND ACQUISITIONS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED
03 DEC 31 AM 10:42
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

JWG
4201-1
12/31/03

((H03000344523 3))

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYPRESS ISLAND ACQUISITIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

701 U.S. Highway One, Suite 402

701 U. S. Highway One, Suite 402

North Palm Beach, FL 33408

North Palm Beach, FL 33408

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

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

John W. Gary, III

Name

701 U. S. Highway One, Suite 402

Florida street address (P.O. Box NOT acceptable)

North Palm Beach

FLORIDA 33408

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, Florida Statutes..


Registered Agent's Signature

((H03000344523 3))

(((H03000344523 3)))

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

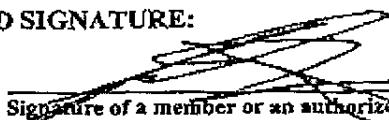
Name and Address:

<u>MGR</u>	<u>John W. Gary, III</u>
	<u>701 U.S. Highway One, Suite 402</u>
	<u>North Palm Beach, FL 33408</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

John W. Gary, III

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)

(((H03000344523 3)))

03 DEC 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED