

L04000005606

01 JAN 15 AM 10:34

STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

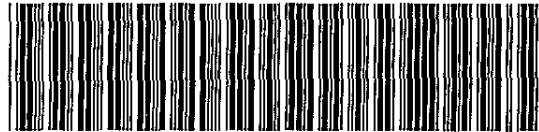
(Business Entity Name)

(Document Number)

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Office Use Only



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01/15/04--01033--024 **160.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS LAKE TCBY LLC
(Name of Limited Liability Company)

FILED
04 JAN 15 AM 10:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Musselman
(Name of Person)

Cypress Lake TCBY LLC
(Firm/Company)

12180 Wellesley Court
(Address)

Ft. Myers, FL 33913-8327
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Musselman at (239) 561-5195
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FRI 15
04 JAN 15 07:10:34
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYPRESS LAKE TCBY 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:

12180 WELLESLEY COURT

12180 WELLESLEY COURT

FT. MYERS, FL

FT. MYERS, FL

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

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

SUSAN MUSSELMAN

Name

12180 WELLESLEY CT.

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

FT. MYERS

FLORIDA

33913-8327

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..

Susan Musselman

Registered Agent's Signature

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:

MGR

DON MUSSELMAN

12180 WELLESLEY CT.

FT. MYERS, FL. 33913

MGRM

SUSAN MUSSELMAN

12180 WELLESLEY CT.

FT. MYERS, FL 33913

MGRM

MEAGAN MUSSELMAN

12180 WELLESLEY CT.

FT. MYERS, FL 33913

MGRM

MICHAEL MUSSELMAN

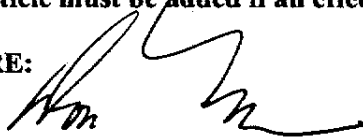
12180 WELLESLEY CT.

FT. MYERS, FL 33913

(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.)

DON MUSSELMAN

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)

\$160.00