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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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2004 FEB 25 PM 12: 27

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cypress Stump, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lee Gerald	- S.S. 3
(Name of Person) Cypress Stump, LLC	MIN CHARLES PAIR POR PLONE
(Firm/Company)	— 9°5
88 Riberia Street, Suite 300	
(Address)	
St. Augustine, FL 32084	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michelle Wallace at (904) 824-8633	
(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

		ORGANIZATION	
	FLORIDA LIMITED I	OR jarnity compan	v dy A
	TLORIDALIMITEDI	ADILATI COMI AN	
ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:		THE STATE OF THE
Cypress Stump, L.L.C	.		
ARTICLE II - Add The mailing address	Iress: and street address of the pr	incipal office of the Limi	ted Liability Company is:
Principal Office Ac	ddress:	Mailing Addre	ss:
88 Riberia Street, Suit	te 300	same	
St. Augustine, FL 329	084	*	
	gistered Agent, Registered lorida street address of the r	· •	gent's Signature:
	Michelle Wal	lace	
•	Name		•
	88 Riberia Street,	Suite 300	
·	Florida street address (P.C	D. Box NOT acceptable)	•
	St. Augustine		
	City, State, a	ina 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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Lee Gerald 1909 Village Glenn Drive Jacksonville, FL 32259	OR OR THE STATE OF
MGRM	Brian L. Spahr 424 Peregrine Court Jacksonville, FL 32256	- -
MGRM	Denise Bevan 181 Southlake Drive St. Augustine, FL 32092	- - -
MGRM	John Mark Benton 6825 Sea Cove Ave. West St. Augustine, FL 32086	- - ·
(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.)

Michelle Wallace
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)

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

The name and address of each Mana	ger or Managing Member is as follows:	82 (V)
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	CHAS ON CONTROLS
MGRM	Leila Baruch	Photos
	212 6th Street	70
	St. Augustine, FL 32095	· -
MGRM	Michelle Wallace	
	5536 Don Manuel Road	
	Elkton, FL 32033	-
MGRM	Ryan Spohn	
	1727 San Marco Blvd., #1	
	Jacksonville, FL 32207	
	Jacksonville, FL 32207	* =
· ·	V. T. C.	

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.)

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