

L04000040193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100037030961

05/27/04--01014--011 **160.00

205/27/04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 9:46
DIVISION OF CORPORATION
MAY 27 AM 11:08

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cumulus 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:

Robert P. Diffenderfer
(Name of Person)

Lewis, Longman & Walker, P.A.
(Firm/Company)

1700 Palm Beach Lakes Blvd., Ste. 1000
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert P. Diffenderfer at (561) 640-0820
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 11:16

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Cumul8s 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:

61 Windsor Road, Shop #5

St. Ann's Bay

Jamaica W.I.

Same

ARTICLE III – Registered Agent, Registered Office, & Registered Agent

Signature:

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

Robert P. Diffenderfer

Name

1700 Palm Beach Lakes Blvd., Ste. 1000

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

West Palm Beach, Florida 33401

City, State and Zip

ARTICLE IV – Effective Date

This Limited Liability Company is formed effective as of May 25, 2004.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 11:16

ARTICLE V – 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:

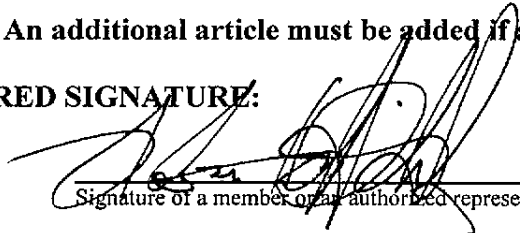
Tom Williams
MGRM

61 Windsor Road, Shop #5
St. Ann’s Bay
Jamaica W.I.

(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 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.

Robert P. Diffenderfer

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 11:16