

# L040000047408

**FILED**

Florida Department of State  
Division of Corporations  
Public Access System

2004 JUN 23 A 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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.**

(((H04000131578 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 : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED

04 JUN 23 PM 12:15

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY****Derek Lynds C.Y.W. LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

/AL

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)

H04000131578

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Derek Lynds C.Y.W. 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:

1614 SW Thelma Street

1614 SW Thelma Street

Palm City, FL 34990

Palm City, FL 34990

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

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

**Derek Lynds**

Name

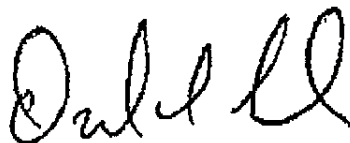
1614 SW Thelma Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm City, FL 34990

(City / State / 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, F.S.*



Registered Agent's Signature - Derek Lynds

**FILED**

2021 JUN 23 A 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H04000131578

**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:**

MGRM

Derek Lynds-1614 SW Thelma Street, Palm City, FL 34990

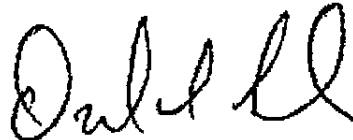
**FILED**

2009 JUN 23 A 10:27

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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. )

Derek Lynds

\_\_\_\_\_  
Typed or printed name of signee