

May 27 2005 14:30

HP LASERJET 3330

Division of Corporations

Page 1 of 1

050000 53144

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.

(((H05000134353 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 : NATIONAL REGISTERED AGENTS, INC.
Account Number : I20030000062
Phone : (609) 716-0300
Fax Number : (609) 716-0820

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 27 AM 8:48

FILED

RECEIVED

05 MAY 27 PM 2:36

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

1502 Cypress, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Menu

002/003

H05000134353 3

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

1502 Cypress, LLC

ARTICLE II - Address:

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

Principal Office Address:

473 Fairway Isles Drive

Venice, Florida 34292

Mailing Address:

1629 Ramblewood Lane

Jamison, PA 18929

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

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

Albert J. Colbert

Name

473 Fairway Isles Drive

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

Venice

FLORIDA 34292

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..

Albert J. Colbert

By: X

Registered Agent's Signature

H05000134353 3

Page 1 of 2
(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 27 AM 8:48

FILED

05/27/2005 FRI 9:45 FAX 8567225395 HAEPELE, FLANAGAN & CO.

003/003

H05000134353 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:

MGRM

Albert J. Colbert

1629 Ramblewood Lane

Jamison, PA 18929

(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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Albert J. Colbert - Member

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)

H05000134353 3

FILED
05 MAY 27 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA