

L05000056535

(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:

Florida
a. entity

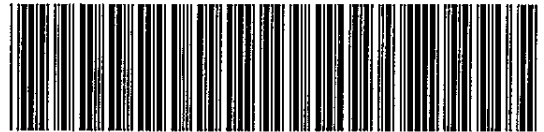
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2005 MAY 31 P 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERFRONT CYPRESS INTERNATIONAL 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:

BURR WALKER
(Name of Person)

SELLSTATE VETERANS REALTY NETWORK LLC
(Firm/Company)

8981 DANIELS CENTER DR #201
(Address)

FT. MYERS, FL 33912
(City/State and Zip Code)

For further information concerning this matter, please call:

BURR WALKER at (239) 823-7185
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVERFRONT CYPRESS INTERNATIONAL, 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:

8981 DANIELS CENTER DR #201
FT. MYERS, FL 33912

8981 DANIELS CENTER DR #201
FT. MYERS, FL 33912

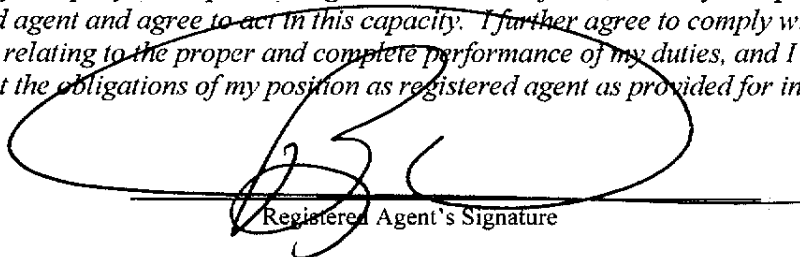
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

BURR WALKER
Name

8981 DANIELS CENTER DR, #201
Florida street address (P.O. Box **NOT** acceptable)
FT. MYERS FL 33912
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, F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(CONTINUED)

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

BURR WALKER
8981 DANIELS CENTER DR #201
FT. MYERS, FL

MGRM

DR. CHITO M. CRUDO / CHESTER CRU
25 FAYETTE ST
N. BELLE VERNON, PA 15012

MGRM

BARBARA L. CAIN
5165 SOUTH PASSAGE DR
PITTSBURGH, PA 15236

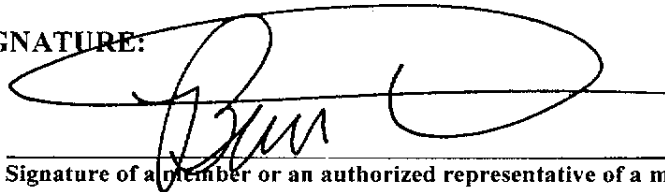
MGRM

PAUL F. CULLY / KAREN CULLY
10990 BABCOCK BLVD
GIBSONIA, PA 15044

(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.)

BURR WALKER
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

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