# 5000068700

# 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.

(((H050001684873)))

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 : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

# LIMITED LIABILITY COMPANY

## cypress pointe,llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electropic Filing Manus



# H05000168487

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CYPRESS POINTE, LLC

### ARTICLE I

The name of the Limited Liability Company shall: CYPRESS POINTE, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1637 NW 27<sup>TH</sup> AVENUE # 200, MIAMI, FL 33125.

### ARTICLE V

The name and the Florida street address of the registered agent: JORGE MORERA, 1637 NW 27<sup>TH</sup> AVENUE #200, MIAMI, FL 33125.

SECRETARY OF STATE DIVISION OF CORPORATIONS

05.111 12 AM 9: 35

HOS000168487

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Cypress Pointe, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Lorge Morera.
Registered Agent

Signature of a member of 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.)

Torge Morera Typed or printed name of signee