

LOS0000 81710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

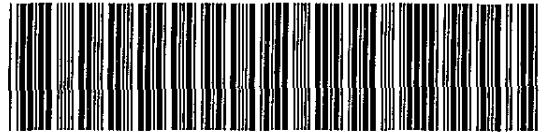
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058593083

08/18/05--01031--008 **130.00

FILED
05 AUG 18 AM 8:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/19
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Homes & Land, 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:

Nick Ventrella
(Name of Person)

Business Bookkeeping Service, Inc
(Firm/Company)

2711 N.W. 6th Street Suite F
(Address)

Gainesville, FL 32609
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 18 AM 8:06

FILED

For further information concerning this matter, please call:

Nick Ventrella at (352) 375-2797
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cypress Homes & Land, 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:

400 S.W. Ainsley Glen
Lake City, FL 32024

400 S.W. Ainsley Glen
Lake City, FL 32024

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

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

T.J. Carrender

Name

400 S.W. Ainsley Glen

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

Lake City, FL 32024

FL

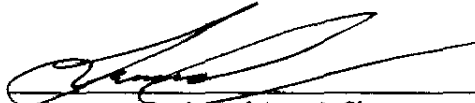
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 18 AM 8:06

FILED

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

(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:

MGRM

TJ Carrender

400 SW Ainsley Glen

Lake City, FL 32024

(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.)

TJ Carrender

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 18 AM 8:06

FILED