Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435

Fax Number : (407)420-5909

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LIMITED LIABILITY COMPANY

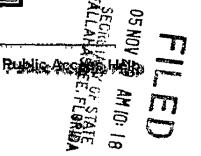
Cyp4 Capital LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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Composate Filings



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cyp4 Capital LLC

ARTICLE U - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Capital Partners, Iac.
One Independent Drive, Suite 114
Jacksonville, Florida 32202

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

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

Name:

William G. Evans

Address:

One Independent Drive, Suite 114

Jacksonville, Florida 32202

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..

ARTICLE IV - Management (Chock box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, then

egistered Agent's Signature

manager - managed company.

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 perfury that the facts stated bassin are true.)

Russell P. Hintze
Typed or printed name of signee