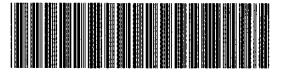
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Catterst MTG C Simor (Requestor's Name)
12 Carmorant Circli
,
(Address)
Daytena Beach, # 32119 (City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

)(

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
Cypress Innovations LLC (Must end with the words "Limited Liability Company,"	!! imited Company? on their abbreviation !! I C	" or 49 C "
(Must end with the words Diffited Lighting Company,	Limited Company of their appreviation LLC,	or L.C., J
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
12 Cormorant Circle	12 Cormorant Circle	
Daytona Beach Florida, 32119	Daytona Beach Florida, 32119	
business entity with an active Florida registration.) The name and the Florida street address of Charles E Simon	the registered agent are:	06 AUG -8 SECRETAS: TALLAHASS
,	vanc	ASS -8
12 Cormorant Circle		
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	AM II: III
Daytona Beach FL. 32119) FL	SS :
City, S	tate, and Zip	\$E 0,
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the pacity. I further agree to comply with te performance of my duties, and I an	ne appointment as not the provisions of all not familiar with and

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

11 N A C TO 11 - N A - 1		Name and Address:
"MGR" = Mai	nager Ianaging Member	
MORW - W	lanaging Member	
Manager		Charles E Simon
		12 Cormorant Circle
		Daytona Beach FL. 32119
		\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	·	e
(Use attachme	nt if necessary)	
•	nt if necessary)	
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CLE V: Effective date is	ve date, if other than the listed, the date must l	e date of filing: (OPTIONAL De specific and cannot be more than five business days
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CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a memb	er or an authorized representative of a member.
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must he date of filing.) SIGNATURE: Signature of a memb (In accordance with so of this document cons	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)