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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 641896 83930A

AUTHORIZATION

COST LIMIT: \$ 160.00

FILED
06 DEC -5 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 5, 2006

ORDER TIME : 1:32 PM

ORDER NO. : 641896-005

CUSTOMER NO: 83930A

DOMESTIC FILING

NAME: CYPRESS COURTYARD, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the limited Liability Company is CYPRESS COURTYARD,
LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited
Liability Company is 8890 West Oakland Park Boulevard, Suite 201, Sunrise, Florida 33351.

ARTICLE III
MANAGEMENT

The Limited Liability Company is to be manager-managed and the name and
address of the initial manager is: Echion U.S.A., Inc., 8890 West Oakland Park Boulevard,
Suite 201, Sunrise, Florida 33351.

ARTICLE III
EFFECTIVE DATE

The effective date of this Limited Liability Company is as of the date of filing
of these Articles of Organization.

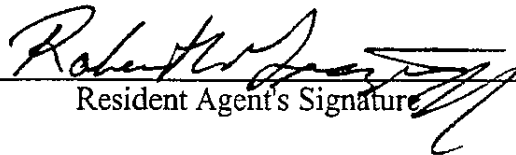
ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE

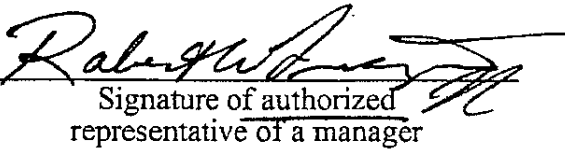
The name and the Florida street address of the registered agent are:

ROBERT W. FRAZIER, JR., ESQ.
FRAZIER, HOTTE & ASSOCIATES, P.A.
6550 North Federal Highway, Suite 220
Fort Lauderdale, Florida 33308

*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.


Resident Agent's Signature


Signature of authorized
representative of a manager

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Robert W. Frazier, Jr., Esq., authorized representative
Typed or Printed name of signee

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