L07000071350

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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RECEIVED





ACCOUNT NO. : 072100000032
REFERENCE: 990133 7448543
AUTHORIZATION: Spulbleman
COST LIMIT: \$ 160.00
ORDER DATE : July 10, 2007
ORDER TIME : 2:39 PM
ORDER NO. : 990133-005
CUSTOMER NO: 7448543
DOMESTIC FILING
NAME: CYPRESS LAKES LODGING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

ARTICLE I - Name:	الله الله الله الله الله الله الله الله
The name of the Limited Liability Compa	any is:
	55 R
Cypress Lakes Lodging, LLC	A STATE OF THE STA
(Must end with the words "Limited Liability Company	r, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8441 Cooper Creek Boulevard	8441 Cooper Creek Boulevard
University Park, Florida 34201	University Park, Florida 34201
	of the registered agent are:
	of the registered agent are:
The name and the Florida street address of David H. Baldauf	Name
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould	Name everd
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida s	Name evard treet address (P.O. Box <u>NOT</u> acceptable)
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida street Park	Name evard treet address (P.O. Box NOT acceptable) FL 34201
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida street David H. Baldauf	Name evard treet address (P.O. Box <u>NOT</u> acceptable)
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida street agent and as registered agent a liability company at the place designal registered agent and agree to act in this of	Name evard treet address (P.O. Box <u>NOT</u> acceptable) FL 34201 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida street Plant City. Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and comp	Name evard treet address (P.O. Box <u>NOT</u> acceptable) FL 34201 State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all oblete performance of my duties, and I am familiar with and
The name and the Florida street address of David H. Baldauf 8441 Cooper Creck Bould Florida street Plants University Park City. Having been named as registered agent a liability company at the place designaregistered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position a	Name evard treet address (P.O. Box NOT acceptable) FL 34201 State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.
The name and the Florida street address of David H. Baldauf 8441 Cooper Creek Bould Florida street Plant City. Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and comp	Name evard treet address (P.O. Box NOT acceptable) FL 34201 State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.
The name and the Florida street address of David H. Baldauf 8441 Cooper Creck Bould Florida s University Park City. Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position of Corporation Service Co	Name evard treet address (P.O. Box <u>NOT</u> acceptable) FL 34201 State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	ıber
MGR	David H. Buldauf
	8441 Cooper Creek Blvd.
	University Park, Florida 34201
*** · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if necessary	')
TICLE V: Effective date, if other an effective date is listed, the date or 90 days after the date of filing.	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
REQUIRED SIGNATURE	:: ::
W M	f a member or an authorized representative of a member.
of this docu	uce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)
By: David	H. Baldauf, Manager
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)