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SECRETARY OF STATE PALLAHASSEE, FLORIDA

T. HAMPTON

OCT 2 1 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	\$
SUBJE	ECT: Cybrary Man LLC	
	(Name of Limi	ted Liability Company)
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Eugene J Gillis	
		ited Liability Company) re submitted for filing. atter to the following: (Name of Person) (Firm/Company) (Address) City/State and Zip Code) ase call:
	Cybrary Man LLC	
		(Firm/Company)
	8343 SE Angelina Court	
		(Address)
	Hobe Sound, FL 33455	<u> </u>
	(Ci	ty/State and Zip Code)
For fur	ther information concerning this matter, pleas	se call:
Eug	ene J Gillis	at (772) 349-0222
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:	
□ \$125.	00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building

\$ 70 to

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Cybrary Man LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3343 SE Angelina Court	8343 SE Angelina Court
Hobe Sound, FL 33455	Hobe Sound, FL 33455
	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Eugene J Gillis	
Name	
8343 SE Angelina Co	ourt
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Hobe Sound, FL 334	4 14
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S THE CREQUIRED CONTROL OF THE CO

(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: "MGR" = Mana "MGRM" = Ma	nger Inaging Member	Name and Address:
MGRM	21.05.116.116.116.11	Eugene J Gillis
INOT CONT		8343 SE Angelina Court
		Hobe Sound, FL 33455
MGRM		Jerome A Blumengarten
		9240 SE La Creek Court
		Hobe Sound, FL 33455
		
(Use attachmen	t if necessary)	
	••	
LE V: Effective	date, if other than the da	ate of filing: (OPTIONA)
		specific and cannot be more than five business days
) days after the c	late of filing.)	
REQUIRED S		e Slis
		or an authorized representative of a member.
	a	
	ZT 1 2.5	on 608.408(3), Florida Statutes, the execution

Eugene J Gillis

that the facts stated herein are true.)

Typed or printed name of signee

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)