

L11 0000 140764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300215145073

12/14/11--01012--010 \*\*130.00

2011 DEC 14 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

DEC 15 2011

EXAMINER

# Knott · Ebelini · Hart

Attorneys At Law

George H. Knott \*\*  
Mark A. Ebelini  
Thomas B. Hart □  
Aaron A. Haak ◊+

\* Board Certified Civil Trial Lawyer  
□ Board Certified Real Estate Lawyer  
+ Board Certified Business Litigation Lawyer  
◊ Board Certified Construction Lawyer

1625 Hendry Street • Third Floor (33901)  
P.O. Box 2449  
Fort Myers, Florida 33902-2449

Telephone (239) 334-2722  
Facsimile (239) 334-1446

Natly Torres-Alvarado  
David A. Burt  
David L. Ciccarello

Michael E. Roeder, AICP  
Director of Zoning  
and Land Use Planning

Ahaak@knott-law.com

December 13, 2011

VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Mystic Cypress II, LLC

Dear Sir or Madam:

Enclosed please find Cover Letter, Articles of Organization for Florida Liability Company and my check in the amount of \$130.00. The enclosed check represents the Filing Fee and Certificate of Status. If you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

KNOTT EBELINI HART

  
Aaron A. Haak  
AAH/jk  
Enclosures

2011 DEC 14 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mystic Cypress II, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert A. Wells, Jr.  
Name of Person

Mystic Cypress II, LLC  
Firm/Company

Post Office Box 200  
Address

Pineland, Florida 33945  
City/State and Zip Code

rob@tarponlodge.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert A. Wells, Jr. at ( 239 ) 283-2278  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 DEC 14 AM 11:00

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mystic Cypress II, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

13771 Waterfront Drive  
Pineland, Florida 33945

**Mailing Address:**

P.O. Box 200  
Pineland, Florida 33945

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

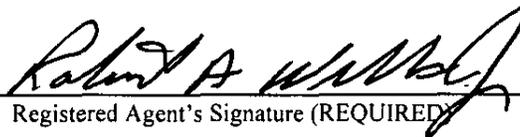
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert A. Wells, Jr.  
Name

13771 Waterfront Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Pineland, Florida 33945 FL  
City, State, and Zip

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 DEC 14 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Robert A. Wells, Jr.

13771 Waterfront Drive

Pineland, Florida 33945

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 12, 2011. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert A. Wells, Jr.  
\_\_\_\_\_  
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)

**FILED**  
 2011 DEC 14 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA