

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
TREASURER, 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.

Name of Person

at (239)

283-2278

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

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

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

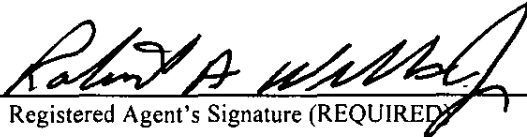
Florida street address (P.O. Box **NOT** acceptable)

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)

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

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

"MGRM" = Managing Member

Pineland, Florida 33945
