-12000009196

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

JAN 1 9 2012

EXAMINER



400215667614



ACCOUNT NO. : I2000000195
REFERENCE: 066014 4305390
ACCOUNT NO.: I20000000195 REFERENCE: 066014 4305390 AUTHORIZATION: The second
COST LIMIT : \$125.00
ORDER DATE : January 19, 2012
ORDER TIME : 1:08 PM
ORDER NO. : 066014-005
CUSTOMER NO: 4305390
DOMESTIC FILING
NAME: JSNF CYPRESS III, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd - EXT. 2940
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
is:					
· ·					
ability Company, "L.L.C.," or "LLC.")					
principal office of the Limited Liability Company is					
Mailing Address:					
c/o MD Carlisle Construction Corp.					
352 Park Avenue South - 15th Floor					
New York, NY 10010					
red Office, & Registered Agent's Signature:					
e registered agent are:					

Harry Feldman

Name

5305 Woodlands Blvd.

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

FL 33319 Tamarac 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..

> Evan Stein as attorney-in-fact for Harry Feldman Registered Agent's Signature (REQUIRED)

> > (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: Fitle: Name and Address:

		Evan Stein	
		c/o MD Carlisle Construction Corp.	
		352 Park Avenue South - 15th	Floor
			
		•	
 :	25		
 	.7 •		
······································	7 ·		

ARTICLE V: Effective date, if other than the date of filing: ________ (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 of 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.)

Analev, LLC, Manager By: Evan Stein, Manager
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)