

5/10/12

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
365 Cypress Associates LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT

MAY 11 2011

EXAMINER

H12000128619

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **365 Cypress Associates LLC**

ARTICLE II - Address

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

Principal Office Address:

2660 Cypress Island Drive

Palm Beach Gardens, FL 33410-1003

Mailing Address:

2660 Cypress Island Drive

Palm Beach Gardens, FL 33410-1003

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2012 MAY 10 PM 9:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

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

Robert J. Kotecki

Name

2660 Cypress Island Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm Beach Gardens, FL 33410-1003

(City / State / 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 - Robert J. Kotecki

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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

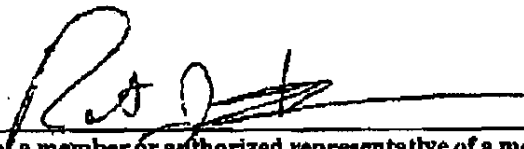
Robert J. Kotecki - 2660 Cypress Island Drive, Palm Beach Gardens, FL 33410-1003

MGRM

Sharon P. Kotecki - 2660 Cypress Island Drive, Palm Beach Gardens, FL 33410-1003

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Robert J. Kotecki
Typed or printed name of signee

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PALM BEACH COUNTY, FLORIDA