

L/2000068596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

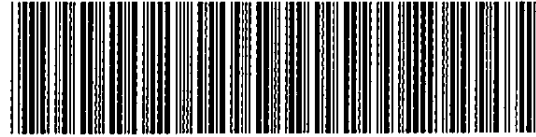
Special Instructions to Filing Officer:

A. LUNT

MAY 22 2011

EXAMINER

Office Use Only



100234907401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 21 AM 10:41

FILED

RECEIVED  
DEPARTMENT OF STATE  
12 MAY 21 AM 10:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 210351 4305390

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : May 18, 2012

ORDER TIME : 4:46 PM

ORDER NO. : 210351-005

CUSTOMER NO: 4305390

FILED  
2012 MAY 21 AM 10:41  
RECEIVED  
TALLAHASSEE FLORIDA

DOMESTIC FILING

NAME: JSNF CYPRESS IV, 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: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JSNF CYPRESS IV, 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:**

c/o MD Carlisle Construction Corp.  
352 Park Avenue South - 15th Floor  
New York, NY 10010

**Mailing Address:**

c/o MD Carlisle Construction Corp.  
352 Park Avenue South - 15th Floor  
New York, NY 10010

**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:

Harry Feldman

Name

5305 Woodlands Blvd.

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

Tamarac

FL 33319

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

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2012 MAY 21 PM 10:42  
STATE OF FLORIDA  
TALLAHASSEE

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:**

MGR

Anelev LLC

c/o MD Carlisle Construction Corp.

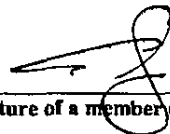
352 Park Avenue South - 15th Floor

New York, NY 10010

(Use attachment if necessary)

**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:**

X 

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.)

Anelev LLC, Manager, By: Evan Stein, Manager

Typed or printed name of signer

**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)**