

L13000149584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

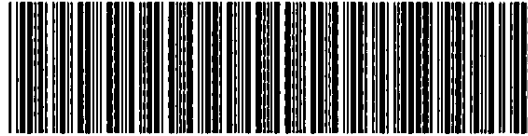
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 OCT 23 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

OCT 23 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2013

D. VINCENT MURPHY
552 EAST 4TH STREET
BOSTON, MA 02127

SUBJECT: CITYSCAPE PROPERTIES LLC
Ref. Number: W13000056514

We have received your document for CITYSCAPE PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can serv as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00023820

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

CHOICE (1) CITYSCAPE PROPERTIES LLC.

SUBJECT:

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:

D. VINCENT MURPHY, S. FISHER-

Name of Person

Firm/Company

552 EAST 4th street GA

Address

Boston, MA 02127

City/State and Zip Code

BOSTONBESTREALTY@GMAIL.COM to SFISHER8@PARTNERS.ORG
E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. VINCENT MURPHY at (617) 892-4554

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

~~0~~\$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**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: CITYSCAPE PROPERTIES LLC

The name of the Limited Liability Company is:

CITYSCAPE PROPERTIES 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:

Mailing Address:

1000 CHANNELSIDE DR. 2A
TAMPA, FL 33602

552 EAST 4th street 6
BOSTON, MA 02127

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:

Daniel Vincent Murphy
Name

1000 CHANNELSIDE DR 2A
Florida street address (P.O. Box NOT acceptable)

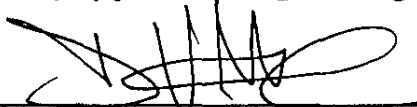
TAMPA FL 33602
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

 10/17/13
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Daniel Vincent Murphy
552 EAST 4th ST 6
BOSTON, MA 02127

MGRM

SARA A FISHER
552 EAST 4th ST
BOSTON, MA 02127

(Use attachment if necessary)

★ **ARTICLE V:** Effective date, if other than the date of filing: 1/1/2014 (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.)

Daniel Vincent Murphy
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)