

L14 000036989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

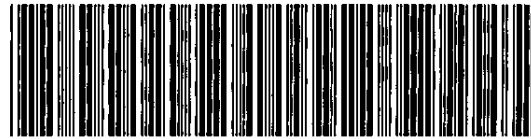
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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February 28, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization for CASCAN, LLC


Dear Division of Corporations:

Enclosed please find the following documents:

1. Articles of Organization for CASCAN, LLC;
2. Check #2003 in the amount of \$160.00 for the filing fees (including one certified copy and one Certificate of Status);
3. One self-addressed, stamped envelope.

Please do not hesitate to contact this office if you require anything further.

Very truly yours,


Emily A. Harris, CP
Certified Paralegal

Encl: as stated above.

2014 FEB -4 PM 1:03
Tallahassee, FL

**- ARTICLES OF ORGANIZATION
OF
CASCAN, LLC**

ARTICLE I - NAME

The name of the limited liability company is CASCAN, LLC, (the "Limited Liability Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

5010 South Elberon Street
Tampa, FL 33611

Mailing Address:

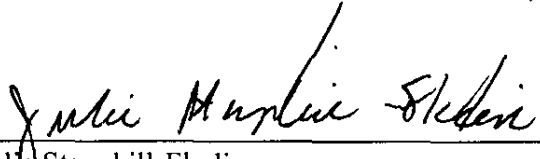
5010 South Elberon Street
Tampa, FL 33611

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Julia N. Stanphill-Flodin
5010 South Elberon Street
Tampa, FL 33611

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..



Julie Stanphill-Flodin

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

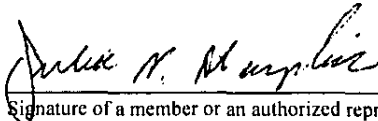
MGMR

Julia N. Stanphill-Flodin and/or Cally Anne
Stanphill, as co-trustees of the Stanphill-Flodin
Irrevocable Trust dated October 31, 2013

MGMR

Cally Anne Stanphill
499 Lucerne Ave
Tampa, FL 33606

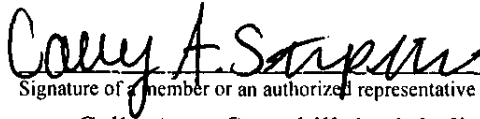
REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

By: Julia N. Stanphill, in her capacity as co-trustee
of the Stanphill-Flodin Irrevocable Trust dated
October 31, 2013

(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.)



Signature of a member or an authorized representative of a member.

By: Cally Anne Stanphill, both individually and as
co trustee of the Stanphill-Flodin Irrevocable Trust
dated October 31, 2013

(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.)

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