

L15000055081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

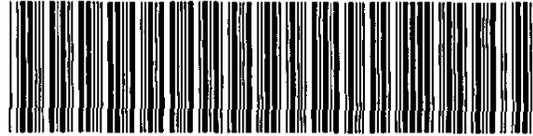
(Business Entity Name)

(Document Number)

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

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 DEPARTMENT OF STATE  
 INVESTOR SERVICES  
 15 MAR 27 PM 2:18  
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**FILED**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 15 MAR 27 PM 4:57

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**CYPE LLC**

**Thank you!**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                |
| <input type="checkbox"/> Nonprofit             |   |  |
| <input type="checkbox"/> Foreign               | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                  |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                 |
| <input checked="" type="checkbox"/> <b>LLC</b> | <input type="checkbox"/> Name Registration      |  |
| <b>Formation</b>                               | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                   |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> <b>CUS</b> |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call If Problem        |  |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up    |
| <input type="checkbox"/> Mail Out              |   |  |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
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 W.P. Verifier \_\_\_\_\_

3/27/2015  
  
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Order#: **9494342**  
 Ref#: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CYPE LLC  
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:

Bruce C. Rosetto  
Name of Person

Greenberg Traurig P.A.  
Firm/Company

5100 Town Center Circle, Suite 400  
Address

Boca Raton, FL 33486  
City/State and Zip Code

rosetrob@gtlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Rosetto at ( 561 ) 955-7600  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:

The name of the Limited Liability Company is:

CYPE 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:

c/o Marshall Manley  
2475 Marseille Drive  
Palm Beach Gardens, FL 33410

same  
\_\_\_\_\_  
\_\_\_\_\_

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:

Marshall Manley  
Name  
2475 Marseille Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Beach Gardens FL 33410  
City Zip

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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 605, F.S.*

Marshall Manley  
By:   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Marshall Manley \_\_\_\_\_

2475 Marscille Drive \_\_\_\_\_

Palm Beach Gardens, FL 33410 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

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

(In accordance with section 605.0203 (1) (b), 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.)

Marshall Manley: \_\_\_\_\_  
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)