

**L15000083453**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000115780 3)))



H150001157803ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 12 PM 4:58

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CEDAR ISLAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

94269

REC-1

15 MAY 12 AM 10:00

BUREAU OF CORPORATE  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

MAY 13 2015

H15000115780

(3)

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

**ARTICLE I**

The Name of the Limited Liability Company shall be: CEDAR ISLAND, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 4015 CROSSBILL LANE, WESTON, FL 33331

**ARTICLE IV**

The name of the Managing Member(S) shall be:

CLAUDIO KALILI  
4015 CROSSBILL LANE  
WESTON, FL 33331

FILED  
15 MAY 12 PM 6:58  
TALLAHASSEE, FLORIDA

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

CLAUDIO KALILI  
4015 CROSSBILL LANE  
WESTON, FL 33331

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**CEDAR ISLAND, LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

*[Signature]*  
Signature of Registered Agent

*[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. )

CLAUDIO KALILI  
Typed or printed name signee

FILED  
15 MAY 12 PM 1:58  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA