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COVER LETTER

TO: Registration Section  
Division of Corporations

Canopy Associations Management, 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:

April M. Lipstein

\_\_\_\_\_  
Name of Person

Canopy Associations Management, LLC

\_\_\_\_\_  
Firm/Company

P. O. Box 349

\_\_\_\_\_  
Address

Tallevast, Florida 34270

\_\_\_\_\_  
City/State and Zip Code

april@canopyassociations.com

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

For further information concerning this matter, please call:

April M. Lipstein

941

345-7327

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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

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

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PETER A. PEAK**

ATTORNEY AT LAW

General Practice  
Civil Litigation  
Family Law

June 25, 2015

2002 Manatee Avenue West  
Bradenton, Florida 34205  
Telephone: (941) 742-6671  
Facsimile: (941) 741-4906

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Canopy Associations Management, LLC

TO WHOM IT MAY CONCERN:

Enclosed please find the original Articles of Organization for Canopy Associations Management, LLC to be submitted for filing along with my office account check in the amount of \$125.00 to cover the cost of said filing.

Also enclosed is a copy of the Articles of Organization to be certified and returned to my office at the address listed above.

Please advise if additional information is needed.

Sincerely,



Peter A. Peak

PAP:ano

Encl.

cc: Canopy Associations Management, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Canopy Associations Management, 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:

*Per customer*  
*ch*  
P. O. Box 349

Tallahassee, Florida 34270

4632 N. Shade Ave

SARASOTA FL 34234

P. O. Box 349

Tallahassee, Florida 34270

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:

April M. Lipstein

Name

4632 N. Shade Avenue

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

Sarasota

Florida

34234

City

State

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 605, F.S.

April M. Lipstein

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

April M. Lipstein

4632 N. Shade Avenue

Sarasota, Florida 34234

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

April M. Lipstein

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)