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To: Division of Corporations Fax Number : (850)617-6381 Account Name : PETERSON & MYERS PA Account Number : I20080000078 : (863)676-7611 Phone Fax Number : (863)455-1317 ∞ Thter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** kwilson@sixtenllc.com Email Address:

FLORIDA LIMITED LIABILITY CO. CYPRESS3, LLC



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Articles of Organization Articles of Organizat

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I Name

The name of this Company shall be Cypress3, LLC

ARTICLE II Duration

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III Mailing Address

The mailing address of the principal office of this Company is P.O. Box 7378, Winter Haven, Florida 33883-7378. The street address of the principal office of this Company is 242 West Central Avenue, Winter Haven, Florida 33880.

ARTICLE IV Registered Agent and Office

The name and street address of this Company's initial registered agent for service of process in this state is as follows: Carl J. Strang, III, at 242 West Central Avenue, Winter Haven, Florida 33880.

ARTICLE V Management

The Company is to be a member-managed company.

ARTICLE VI Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

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IN WITNESS WHEREOF, the undersigned, an authorized representative of the Company, has hereunto set his hand and seal this 2½ day of August, 2015.

Kerry M. Wilson, authorized representative of a Member

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24^{44} day of August, 2015, by Kerry M. Wilson. He is personally known to me or produced his current drivers' license as identification.

(SEAL)

NOTARY PUBLIC

Celeste Richarduille

Print Name of Notary

My commission expires:

CELESTE RICHARDVILLE
Notary Public, State of Florida
My comm. expires Oct. 23, 2018
Commission Humber FF 245721

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for Cypress3, LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

Name: Oarl J. Strang, III

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 2^{4} day of August, 2015, by Carl J. Strang, III, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)

NOTARY PUBLIC

Print Name of Notary

My Commission Expires:



CELESTE RICHARDVILLE Hotary Public, State of Fiorida My comm. expires Oct. 23, 2019 Commission Humber FF 245721