

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : HUBCO  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: charlesm@cpamassie.com

**FLORIDA LIMITED LIABILITY CO.**  
**Kapok Villas, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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15 OCT 22 AM 2:01  
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October 22, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: KAPOK VILLAS, LLC  
REF: W15000070064

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000252241  
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H15000252241

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Kapok Villas LLC

ARTICLE II - Address

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

Mailing Address: P. O. Box 16970 San Carlos Blvd., #160-101  
Fort Myers, FL 33908

Street Address: 15558 Kapok Ct.  
Fort Myers, FL 33908

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature  
The name and Florida street address of the registered agent are:

Charles Abels Massie  
Name

15671 San Carlos Blvd., Suite 201  
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908  
(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.*



Registered Agent's Signature - Charles Abels Massie

ARTICLE IV -

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

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager

Name and Address:

AMBR

Cindy Byrns  
P. O. Box 16970 San Carlos Blvd., #160-101  
Fort Myers, FL 33908

AMBR

Matt Byrns  
P. O. Box 16970 San Carlos Blvd., #160-101  
Fort Myers, FL 33908

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ARTICLE V - Effective date, if other than the date of filing: October 21, 2015  
(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.)

REQUIRED SIGNATURE:

  
*Signature of a member or 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.)

Cindy Byrus  
Typed or printed name of signer