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(Business Entity Name)

(Document Number)

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*Cynthia Cassel* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Document*  
DATE *12/23/15*  
DOC. # *12-2315*



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-2315

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cassady Investment Properties, 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:

Cynthia Cassady

Name of Person

Cassady Investment Properties, LLC

Firm/Company

5053 Yesteroaks Place,

Address

Pensacola, Florida

City/State and Zip Code

ccassady4@cox.net

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

For further information concerning this matter, please call:

Cindy Cassady

850

324-2750

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

CYNTHIA CASSADY  
5053 YESTEROAKS PL  
PENSACOLA, FL 32504

SUBJECT: CASSADY INVESTMENT PROPERTIES, LLC  
Ref. Number: W15000081674

We have received your document for CASSADY INVESTMENT PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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

Letter Number: 615A00026694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• ARTICLE I - Name:

The name of the Limited Liability Company is:

Cassady Investment Properties, 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:

5053 Yesteroaks Place

Pensacola, Florida 32504

Mailing Address:

5053 Yesteroaks Place

Pensacola, Florida 32504

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:

Cynthia Cassady

Name

5053 Yesteroaks Place

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

Pensacola

Florida

32504

City

State

Zip

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SECRETARY OF STATE

*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.*

Cynthia Cassady  
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

Joel Dewayne Cassady *Ambr*

Cynthia Cassady *Ambr*

**Name and Address:**

Joel Dewayne Cassady

5053 Yesteroaks Place

Pensacola, Florida 32504

Cynthia Cassady

5053 Yesteroaks Place

Pensacola, Florida 32504

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/6/2015 (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.

n/a

**REQUIRED SIGNATURE:**

*Cynthia Cassady*

Signature of a member or an authorized representative of a member (b)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Cynthia Cassady

Typed or printed name of signer

**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)