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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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SEP 13 2016 S. GILBERT

Stan David 6602 Fountain Circle Lake Worth, FL 33467

October 28, 2016

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

CYAToday Inc.

P14000025321

Dear Sir/Madam:

Per your letter of September 13, 2016, at this time I am stating that there is no intent at this time, or in the future to reinstate the above-named entity.

At this time, please activate the Articles of Organization for a Florida Limited Liability Company that are enclosed with this letter.

Thank you for your assistance.

Very truly yours,

Stan David

COVER LETTER ·

| | egistration Section vision of Corporations |
|----------------|--|
| | 55 David Let 5155 LCC |
| SUBJECT | Name of Limited Liability Company |
| | |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retur | n all correspondence concerning this matter to the following: |
| | STON DOVD |
| | Name of Person |
| | |
| | Firm/Company |
| 41/4 | 6602 FOUNTRINS CIRCLE |
| | Address |
| | LAKE WORTH FT 33467 |
| - • | City/State and Zip Code |
| - | E-mail address: (to be used for future annual report notification) |
| For further in | nformation concerning this matter, please call: |
| | STOW DAVID at (917) 821 3989 |
| ` | Name of Person Area Code Daytime Telephone Number |
| • | |
| | a check for the following amount: |
| \$125.00 Fi | ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| | Mailing Address New Filing Section Street Address New Filing Section |
| | New Filing Section New Filing Section |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," **ARTICLE II - Address:**

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-----------------------|
| 6602 FOUNTAINS CIRCLE | 6602 FOUNTAINS CIRCLE |
| LAKE WORTH FL 33467 | LAKE WORTH FL 33467 |
| | |

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:

| NEIL FISHM | っし | | |
|---------------------------|-------------------|----------|--------|
| N | lame | | |
| 1880 N Com | sress | DUE. | #225 |
| Florida street address (F | P.O. Box <u>N</u> | OT accep | table) |
| BOYNTON BEACH | FL | | 33426 |
| 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| AMBR | STAN DAVO |
| | 6602 FOUNTAINS CIRCUE LDKE WORTH FI 33467 |
| | CURB WALL FE 33461 |
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. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-16 HOV -4 AM 9: 06

ARTICLE I - Name:

The name of the Limited Liability Company is:

| 513 | s L | LC | | (1) |
|---|--|---|--|--|
| (Must end v | vith the words "Limite | ed Liability Compar | ıy, "L.L.C.," or "LLG.") | May South |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal | office of the Limite | ed Liability Company is: | |
| <u>Principa</u> | l Office Address: | | Mailing Ad | <u>ldress</u> : |
| | TOINS CIRCLE | | 602 FOULTAINS | s CIRCLE |
| LAKE WORTH | FL 33-167 | | DKE WORTH FL | 33467 |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | cannot serve as its ow ctive Florida registrat | n Registered Agent ion.) | | individual or |
| | | _ | | |
| | NEIL FISH | Name | | |
| | 1880 NC | ongress av | 15 #225 | |
| | Florida street addre | | | |
| | BOYNION BE | OCH FL | 33426 | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obt | I hereby accept the approvisions of all statutes igations of my position | pointment as registerelating to the proper as registered agen | ered agent and agree to a er and complete perform | nct in this capacity. I ance of my duties, and I |
| | | (CONTINUED |)) | |
| | | Page 1 of 2 | | |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | STOLD DAVID |
| AMBIE | 6602 FOUNTOINS CIRCLE |
| | LAKE WITH FL 33467 |
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