

L 16000 209471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

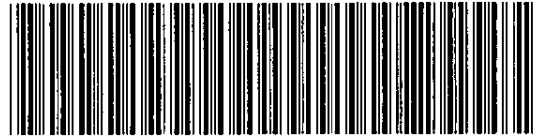
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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07/25/16--01030--025 **125.00

16 NOV -4 PM 9:05

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

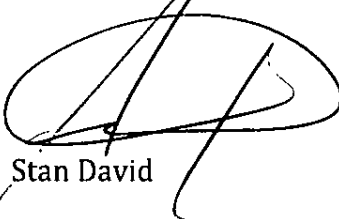
Dear Sir/Madam:

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

15 NOV -4 PM 12:59
10/28/2016 12:59 PM
10/28/2016 12:59 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAN DAVID LLC 5155 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:

STAN DAVID

Name of Person

Firm/Company

6602 FOUNTAINS CIRCLE

Address

LAKE WORTH FL 33467

City/State and Zip Code

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

For further information concerning this matter, please call:

STAN DAVID

Name of Person

at

917

Area Code

821 3989

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SISS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

16 NOV -4 AM 9:06

ARTICLE II - Address:

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

Principal Office Address:

6602 FOUNTAINS CIRCLE
LAKE WORTH FL 33467

Mailing Address:

6602 FOUNTAINS CIRCLE
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 FISMAN

Name

1880 N CONGRESS AVE #225

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

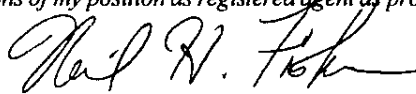
BOYNTON BEACH FL 33426

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

STAN DAVID

6602 FOUNTAINS CIRCLE

LAKE WORTH FL 33467

(Use attachment if necessary)

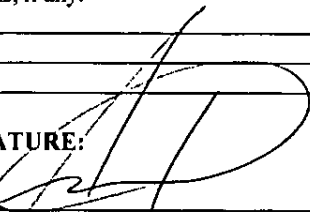
ARTICLE V: Effective date, if other than the date of filing: 06/13/2016 (OPTIONAL)

(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.
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.

STAN DAVID

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 NOV -4 AM 9:06

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6602 FOUNTAINS CIRCLE
LAKE WORTH FL 33467

Mailing Address:

6602 FOUNTAINS CIRCLE
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 FISHMAN

Name

1880 N CONGRESS AVE #225

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

BOYNTON BEACH FL 33426

City

State

Zip

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Neil N. Fishman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:

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"MGR" = Manager

AMBR

Name and Address:

STAN DAVID

6602 FOUNTAINS CIRCLE

LAKE WORTH FL 33467

(Use attachment if necessary)

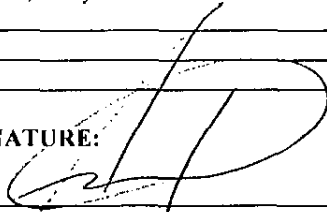
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