

L17000037908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

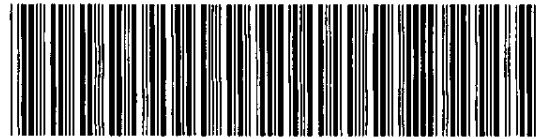
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RECEIVED
17 FEB 17 PM 3:50
TO: ASST. ATT. GEN.
SUTHERLAND, J. L.

C. GOLDEN

FEB 21 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 515389 4362065

AUTHORIZATION : *Melissa Zender*

COST LIMIT : \$ 125.00

ORDER DATE : February 17, 2017

ORDER TIME : 3:11 PM

ORDER NO. : 515389-005

CUSTOMER NO: 4362065

DOMESTIC FILING

NAME: CDS GLP IV LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

2017 FEB 17 3:51 PM
TALLAHASSEE, FL
CORPORATION SERVICE COMPANY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2017

CORPORATION SERVICE COMPANY

SUBJECT: CDS GLP IV LLC
Ref. Number: W17000014379

515389

RESUBMIT
Please give original
submission date as file date.

We have received your document for CDS GLP IV LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

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

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 217A00003247

RECEIVED
17 FEB 20 PM 4:26
TO AGENCY FOR
SUFFICIENTLY FILING

**ELECTRONIC ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2017 FEB 17 AM 9:31
S
TALIA

Article I

The name of the Limited Liability Company is:

CDS GLP IV LLC

Article II

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

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

The mailing address of the Limited Liability Company is:

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

Article III

The name and Florida street address of the registered agent is:

CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

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.

Registered Agent Signature: _____

Cleve D. Sherrill
Cleve D. Sherrill

Article IV

The name and address of person(s) authorized to manage LLC:

201 FEB 17 11:31

Title: MGR
CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH, SUITE 200
NAPLES, FLORIDA 34104 US

SE
TALL

Signature of member or an authorized representative

Member or authorized representative:

Cleve D. Sherrill

Electronic Signature: /s/ Cleve D. Sherrill

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.