

LA 000 258794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

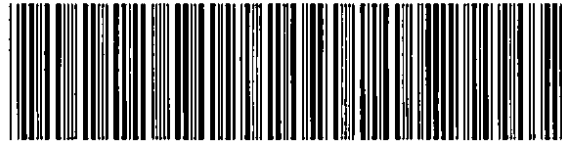
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CYCAP INSURANCE, 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:

MARY KATHRYN CLARK
Name of Person
CYCAP INSURANCE, LLC
Firm/Company
134 MAGNOLIA FARM RD.
Address
QUINCY, FL 32351
City/State and Zip Code
MKATHRYNCLARK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY KATHRYN CLARK 850 556-6418
Name of Person at () 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

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**ARTICLES OF ORGANIZATION
OF CYCAP INSURANCE, LLC**

ARTICLE I

The name of the limited liability company shall be CyCap Insurance, LLC.

ARTICLE II

The limited liability company is organized for any lawful purpose or purposes.

ARTICLE III

The mailing address and the street address of the principal office of the limited liability company are:

Mailing:

134 Magnolia Farm Rd.
Quincy, FL 32351

Principal office:

403 E. Park Ave.
Tallahassee, FL 32301.

ARTICLE IV

The initial street address of the limited liability company's registered office is 403 E. Park Ave., Tallahassee, Florida 32301. The name of the company's initial registered agent at that address is Mary Kathryn Clark.

ARTICLE V

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager who is designated, appointed, or elected to act in that capacity in accordance with the Operating Agreement of the Limited Liability Company. The manager of the Limited Liability Company is one person, whose name and address is as follows:

Mary Kathryn Clark., MGR
134 Magnolia Farm Rd.
Quincy, FL 32351

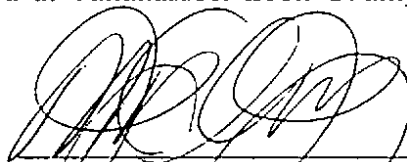
ARTICLE VI

The effective date of the limited liability company shall be January 1, 2018.

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The undersigned, being an authorized representative of the original member of the limited liability company, certifies that this instrument constitutes the proposed articles of organization of CyCap Insurance, LLC, and is executed in accordance with section 605.0203(1)(b), Florida Statutes. The undersigned is 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.

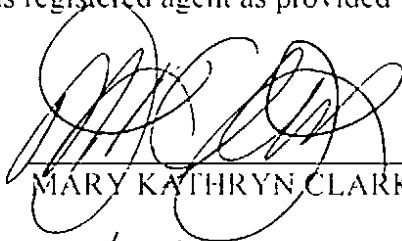
Executed by the undersigned at Tallahassee, Leon County, Florida on December____, 2017.



MARY KATHRYN CLARK,
Authorized Representative of a Member

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for CYCAP, INSURANCE LLC, 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.



MARY KATHRYN CLARK

12/19/17

Date

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