

3/9/2018

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Division of Corporations
Florida Department of
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 MAR 21 PM 3:33

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CalderonAServ@gmail.com

FLORIDA LIMITED LIABILITY CO. 255 CYPRESS POINT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
2018 MAR 20 PM 4:55
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

ATTENTION NADIRA SAMS!!

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Corporate Filing Menu

Help

N. SAMS

MAR 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2018

USACORP INC

SUBJECT: 255 CYPRESS POINT LLC
REF: W18000023699

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18 MAR 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 255 CYPRESS POINT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H18000077610
Letter Number: 018A00004944

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

255 CYPRESS POINT LLC

(Must end with the words "Limited Liability Company," "LLC," or "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:

255 CYPRESS POINT DRIVE BLDG# 02-255
PALM BEACH GARDENS, FL 33418

255 CYPRESS POINT DR BLDG# 02-255
PALM BEACH GARDENS, FL 33418

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:

ARTURO LANUZA

Name

255 CYPRESS POINT DRIVE BLDG# 02-255

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

PALM BEACH GARDENS

City

FL 33418

Zip

Section 605.01 of Statute
FALL HASSEER, FLORIDA

18 MAR 21 PM 3:33

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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..

/s/ ARTURO LANUZA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

ARTURO LANUZA

255 CYPRESS POINT DRIVE BLDG# 02-255

PALM BEACH GARDENS, FL 33418

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18 MAR 21 PM 3:33
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

s. ARTURO LANUZA

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.

ARTURO LANUZA

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)