Jes

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(Re	equestor's Name)			
(Ad	idress)			
(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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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	OCEAN PLAZA CORP. OF VE	RO BEACH, L	LC
Sobole		of Limited Liabil	lity Company
The enclos	sed Articles of Organization and fee(s) are submitted	l for filing.
Please retu	un all correspondence concerning th	is matter to the f	following:
	ROBERT E. STONE, ESQUIRE		
		Name of	Person
	STONE & STONE		
	,	Firm/Cor	mpany
	1964 14TH AVENUE		
		Addre	ess
	VERO BEACH, FL 32960		
R	LES81536@GMAIL.COM	City/State and	Zip Code
-		sed for future an	nnual report notification)
For further in	formation concerning this matter, ple		
F	ROBERT E. STONE, ESQUIRE	772 ()	567-2261
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the following amount:		
\$125.00 Fili.	ng Fee \$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		treet Address
	Division of Corporations	D:	ew Filing Section ivision of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		lifton Building 661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2019

ROBERT E. STONE 1964 14TH AVE VERO BEACH, FL 32960

SUBJECT: OCEAN PLAZA CORP. OF VERO BEACH, LLC

Ref. Number: W19000068326

We have received your document for OCEAN PLAZA CORP. OF VERO BEACH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "Corp.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 519A00015308

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimited Elabitity Company is.	
CYPRESS CENTER PLAZA, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1964 14TH AVENUE	1964 14TH AVENUE
VERO BEACH, FL 32960	VERO BEACH, FL 32960
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regis nother business entity with an active Florida registration.)	
he name and the Florida street address of the registered agen	t are:
ROBERT E. STONE, ESQ	PUIRE
Nam Nam	ne

VERO BEACHFL32960CityStateZip

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..

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

1964 14TH AVENUE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECNELLING OF STATE

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	MGR	ROBERT E. STONE
		1964 14TH AVENUE
		VERO BEACH, FL 32960
	MGR	MARK FRANKENBERGER
		441 12TH PLACE SE
		VERO BEACH, FL 32962
	(Use attachment if necessary)	
		f filing: (OPTIONAL)
		ific and cannot be more than five business days prior to or 90 days after
the date o		of the applicable statuture filips requirements, this data will not be listed as
	nent's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as
the docum	nent's effective date on the Department of	State's records.
ARTICLE	E VI: Other provisions, if any.	
-	REOUIRED SIGNATURE:	
	SEQUIRED SIGNATURE.	
4	1/	
1	fut	feen
1	Signature of a memb	per or an authorized representative of a member.
ŀ	This document is executed	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
ŀ	This document is executed I am aware that any false in:	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
ŀ	This document is executed I am aware that any false in:	in accordance with section 605.0203 (1) (b), Florida Statutes.
ŀ	This document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.

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)

ARTICLE IV-