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Note: Please print this page and use it as a cover sheet. Type the fax-audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KATZ BASKIES LLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

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

Email Address: Thomas, Katzekatzbaskes-COM

FLORIDA LIMITED LIABILITY CO.

Cypress Creek Financial West LLC

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

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Corporate Filing Menu

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	lew Filing Sect Division of Corp				
		ek Financial West LLC	2		
SUBJECT	l:	Name of I	Limited Liabil	ity Company	
The enclo	sed Articles of (Organization and fee(s)	are submitted	for filing.	
Please ret	urn all correspo	ndence concerning this	matter to the	following:	
	Thomas O. K	atz			
			Name of	Person	
	Katz Baskies	& Wolf PLLC			
			Firm/Co	mpany	
	300 North M	ilitary Trail Suite 100			
			Add	ress	
	Boca Raton,	FL 33431			
	 		City/State ar	nd Zip Code	
		katzbaskies.com		 :	
	E	-mail address: (to be us	sed for future	annual report notification	on)
For further	information cor	oceming this matter, ple	ease call:		
	Thomas O. K	atz.	561	910-5700	
	Name	e of Person	Area Code	Daytime Telephone	: Number
Enclosed	is a check for th	e following amount:			
≘\$ 125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certif	i5,00 Filing Fee & ied Copy ial copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division

The Centre of Tallahassee 2415-N. Monroe Street, Suite 810

(additional copy is enclosed)

Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Cypress Creek Financial West LLC	
(Must conatin 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:
6360 NW 5th Way	6360 NW 5th Way
Suite 302	Suite 302

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:

Ft. Lauderdale, FL 33309

Katz Baskies & Wo	If PLLC	
	Name	•
3020 North Military	Trail Suite 100	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Boca Raton	FL	33431
City	State	Zip

Ft. Lauderdale, FL 33309

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)

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<u>Fitle:</u> AMBR* = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Barden Ventures Inc.
	19268 Redberry Court Boca Raton, FL 33498
	100c8 Ration. 11. 3.770
Use attachment if necessary)	
V: Effective date, if other than the	date of filing: (OPTIONAL)
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