

# L21000169363

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H21000155987 3)))



H210001559873ABCS

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To:

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

From:

Account Name : COGENCY GLOBAL, INC.  
Account Number : I200000000000  
Phone : (800)221-0102  
Fax Number : (800)944-6607

**FILED**  
**Apr 19, 2021 08:00 AM**  
**Secretary of State**

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CEDAR CREEK HOMES LLC

Certificate of Status	0
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Page Count	03 *
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\*5 pages

Electronic Filing Menu

Corporate Filing Menu

Help

Please retain 4/19/2021 as the file date.

T. BURCH  
APR 21 2021



April 20, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COGENCY GLOBAL, INC.

SUBJECT: CEDAR CREEK HOMES LLC  
REF: W21000053560

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Steve J Kurisko  
Regulatory Specialist II  
New Filings

FAX Aud. #: H21000155987  
Letter Number: 721A00008118

**H21000155987 3****COVER LETTER****TO: New Filing Section  
Division of Corporations****SUBJECT: Cedar Creek Homes 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:

Greg Lubinitsky

\_\_\_\_\_  
Name of Person

Cedar Creek Homes LLC

\_\_\_\_\_  
Firm/Company

31-21 31st Street

\_\_\_\_\_  
Address

Astoria, NY 11106

\_\_\_\_\_  
City/State and Zip Code

greg.lubi@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Lubinitsky

917

957-0120

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person\_\_\_\_\_  
Area Code\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**H21000155987 3**

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**FILED**  
**Apr 19, 2021 08:00 AM**  
**Secretary of State**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cedar Creek Homes LLC

(Must contain the words "Limited Liability 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:**31-21 31st StreetAstoria, NY 11106**Mailing Address:**31-21 31st StreetAstoria, NY 11106**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:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

City

State

Zip

*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..*

Corporation Service Company

By Charlene Sati Charlene Sati - Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**H21000155987 3****ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRGreg Lubinitsky31-21 31st StreetAstoria, NY 11106**FILED****Apr 19, 2021 08:00 AM****Secretary of State**

(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:**Robin Riley**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.

Robin Riley

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)****H21000155987 3**