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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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.**

**CEDARVIEW PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION  
OF  
CEDARVIEW PARTNERS, LLC**

**ARTICLE I - Name:**

The name of the limited liability company is **CEDARVIEW PARTNERS, LLC** (the "Company").

**ARTICLE II - Address:**

The mailing address and street address of the Company is 824 Highland Avenue, Orlando, Florida 32803.

**ARTICLE III - Existence and Duration:**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management:**

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company is:

**Wm. Michael Mikkelsen  
824 Highland Avenue  
Orlando, Florida 32803**

**ARTICLE V - Registered Agent**

The name and Florida street address of the initial registered agent of the Company is:

**Wm. Michael Mikkelsen  
824 Highland Avenue  
Orlando, Florida 32803**

*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, Florida Statutes.*

  
Wm. Michael Mikkelsen, Registered Agent

**REQUIRED SIGNATURE:**



Wm. Michael Mikkelsen,  
Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)