

L220000180040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

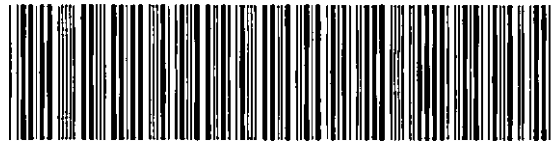
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300386802913

05/02/22--01:09--011 *160.00

FILE
TALLAHASSEE, FL

2022 MAY -2 AM 9:18

FILED

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -2 PM 1:50

EIN 88-1923835

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAYER PROPERTIES 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:

CHRISTOPHER J CAYER
Name of Person

Firm/Company

2227 RUADIN RIDGE
Address

TALLAHASSEE FL 32303
City/State and Zip Code

ccayer@floridabusinesscap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER J CAYER at (850) 264-1332
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAYER PROPERTIES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2022 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2227 RUADIN RIDGE
TALLAHASSEE, FL 32303

Mailing Address:

2227 RUADIN RIDGE
TALLAHASSEE, FL 32303

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:

CHRISTOPHER J CAYER

Name

2227 RUADIN RIDGE

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

TALLAHASSEE FL 32303
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.

CHL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CHRISTOPHER J CAYER

2227 RUADH RIDE

TALLAHASSEE, FL 32303

MGR

KRISTIA S. CAYER

2227 RUADH RIDE

TALLAHASSEE FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/2/2022 (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.

EIN: 88-1923835

REQUIRED SIGNATURE:


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.

CHRISTOPHER J CAYER

Typed or printed name of signer

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)

2022 MAY -2 AM 9:18

FILED

SECRETARY OF STATE
TALLAHASSEE, FL