(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of the contract
Special Instructions to Filing Officer:

Office Use Only



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/14/23 Order #: 1225821-1

Re: 64 CYPRESS VIEW LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$0.0 - FL State Account Number:

,

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division of	Corporations			
64 Cyp SUBJECT:	oress View LLC			
Subject.	Name of	Limited Liabil	ity Company	
The enclosed Article	s of Organization and fec(s)	are submitted	l for filing.	
Please return all corr	espondence concerning this	matter to the	following:	
Christop	her R. O'Brien, Esq.			
		Name of	Person	
Woods,	Weidenmiller, Michetti, & l	Rudnick LLP		
	-	Firm/Co	mpany	
9045 Stra	ada Stell Court, Suite 400			
		Addr	ess	
Naples, I	FL 34109			
cobrign@l	awfirmnaples.com	City/State an	d Zip Code	
	E-mail address: (to be us	ed for future a	nnual report notificat	ion)
For further information	concerning this matter, ple		•	,
Christoph	er R. O'Brien at (239	325-4070	
N	Tame of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for	or the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Nev Div P.O	iling Address v Filing Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	\mathbf{E}	[-	N	ame:	
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The name of the Limited Liability Company is:

64 CYPRESS VIEW 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: 184 Washington Rd. Lake Forest, IL 60045 184 Washington Rd. Lake Forest, IL 60045

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:

WWMR Statutory A	gent, LLC	
	Name	_ .
9045 Strada Stell Co	ourt, Suite 400	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Naples	FL	34109
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

MGR Joseph R. Waldeck 184 Washington Rd. Lake Forest, IL 60045 Joseph R. Waldeck 184 Washington Rd. Lake Forest, IL 60045	5	184 Washington Rd. Lake Forest, IL 60045
Jse attachment if necessary) V: Effective date, if other than the date of filing:	GR	184 Washington Rd. Lake Forest, IL 60045
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tive date is listed, the date must be specific and cannot be more than five business days prior to o filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records. VI: Other provisions, if any.	attachment if necessary)	
VI: Other provisions, if any. I lawful business.	s effective date on the Department of	
Lawrui business.	Other provisions, if any.	
	wrui business.	
EOUIRED SIGNATURE:		
	UIRED SIGNATURE:	
This document is executed in accordance with section 605 0203 (1) (b) Florida Statu	Joseph R. Waldeck	
I am aware that any false information submitted in a document to the Department of St	Joseph R. Waldeck Broodstgreature of a mem	ber or an authorized representative of a member.
	Isseph R. Walderk Brook Signature of a mem This document is executed	l in accordance with section 605.0203 (1) (b), Florida Statutes.
constitutes a third degree felony as provided for in s.817.155, F.S.	Isseph R. Walderk Brook Signature of a mem This document is executed I am aware that any false in	I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
	Broscol R. Walderk Broscolignature of a mem This document is executed I am aware that any false in constitutes a third degree for	I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
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Joseph R. Waldeck Typed or printed name of signee	Steph R. Walleck Brood Signature of a mem This document is executed I am aware that any false in constitutes a third degree for Joseph R. Waldeck 5.00 Filing Fee for Articles of Organ	I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: