

L990000001038

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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****337.50 ****337.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Cypress Ridge L.C.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2/23



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
RECEIVED 99 FEB 23 11:11 AM	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

L99-1038

Name	<u>CR-224</u>
Availability	<u>OK</u>
Document	<u>OK</u>
Fee	<u>OK</u>
Signature	<u>OK</u>
Notarizer	<u>OK</u>
Acknowledgment	<u>OK</u>
W. P. Verity	<u>OK</u>

Examiner's Initials



Resubmit

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 23, 1999

Please back later

CAPITOL SERVICES

SUBJECT: CYPRESS RIDGE L.C.
Ref. Number: W99000004515

We have received your document for CYPRESS RIDGE L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 899A00008244

FILED
99 FEB 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 FEB 24 AM 11:07
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYPRESS KEY L.C.

ARTICLE II - Address:

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

20 Island Avenue
Suite 1010
Miami Beach, Florida 33139

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Mel Casher
5757 Cedar Pine Drive
Orlando, Florida 32819

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

No person may be admitted as a member unless each member consents in writing to the admission of the additional member.

FILED
09 FEB 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall continue upon the consent of all of the remaining members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of CYPRESS KEY L.C.

_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 10,000.00.

Stanley Tobias

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STANLEY TOBIAS

Typed or printed name of signee

FILED
09 FEB 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CYPRESS KEY L.C.

2. The name and address of the registered agent and office is:

Mel Casher

(Name)

5757 Cedar Pine Drive

(P.O. Box not acceptable)

Orlando, Florida 32819

(City/State/Zip)

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99 FEB 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mel Casher

(Signature)

2/17/99

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent