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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

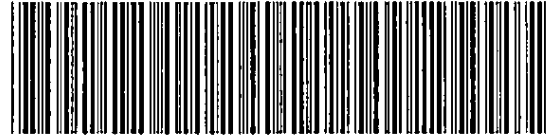
(Business Entity Name)

(Document Number)

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19 MAY 13 4:17
FILED
2019 MAY 13 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2019

K Brundley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GOLDENROD APARTMENTS, 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:

STACY SMALL
Name of Person
SMITH THOMPSON SHAW, ET AL.
Firm/Company
3520 THOMASVILLE ROAD - 4TH FLOOR
Address
TALLAHASSEE, FL 32309
City/State and Zip Code
StacyS@stslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL at (850) 893-4105
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
GOLDENROD APARTMENTS, LLC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 13 AM 11:43

FILED

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **GOLDENROD APARTMENTS, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **P.O. Box 14274, Tallahassee, Florida 32317**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **2236 Capital Circle NE, Suite 103, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **CHARLIE PETERS**; the initial registered office is located at **2236 Capital Circle NE, Suite 103, Tallahassee, Florida 32308.**

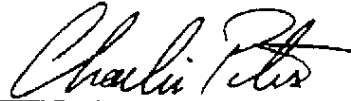
7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

**Charlie Peters
P.O. Box 14274
Tallahassee, FL 32317**

**Harwood Offering 5001, LLC
3208 East Colonial Drive, #271
Orlando, FL 32803**

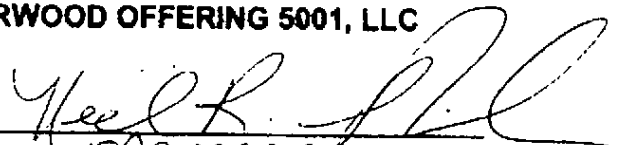
EXECUTED at Tallahassee, Leon County, Florida this 12th day of May, 2019.



CHARLIE PETERS

HARWOOD OFFERING 5001, LLC

By:
Its:


Manager
Neel R. Shivcharran

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, 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 **GOLDENROD APARTMENTS, LLC.**
2. The name of the registered agent and office is: **CHARLIE PETERS, 2236 Capital Circle NE, Suite 103, Tallahassee, Florida 32308.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



CHARLIE PETERS, Registered Agent