L20000005523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

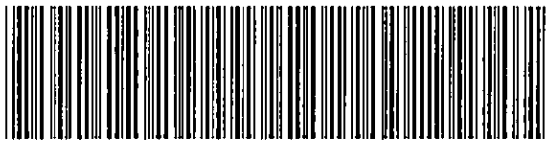
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200338810282

FILED
2020 JAN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. FASON

JAN 09 2020

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **1/8/20**

NAME: THE NATIVE LAND COMPANY, LLC

TYPE OF FILING: **ARTICLES**

COST: **125.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** Abbie Hodge

COVER LETTER

Registration Section
Division of Corporations

CT: The Native Land Company, LLC
Name of Limited Liability Company

ed Articles of Organization and fee(s) are submitted for filing.

ll correspondence concerning this matter to the following:

Russell T. Alba, Esq.
Name of Person

Black Swan Legal Counsel, PLLC
Firm/Company

101 S. Franklin Street, Ste. 202
Address

Tampa, FL 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

Russ Alba at (813) 224-0900
Name of Person Area Code Daytime Telephone Numb

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)

☐

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courie
Registration
Division o
Clifton F
2661 F
Talla

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Native Land Company, 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:

Russell T. Alba, Esq.
Name of Person

Black Swan Legal Counsel, PLLC
Firm/Company

101 S. Franklin Street, Ste. 202
Address

Tampa, FL 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

Russ Alba at (813) 224-0900
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

The Native Land Company, LLC
(Must end with 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:	**Mailing Address:**
101 S. Franklin Street, Ste. 202 Tampa, FL 33602	101 S. Franklin Street, Ste. 202 Tampa, FL 33602

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:

Russell T. Alba, Esq.
Name

101 S. Franklin Street, Suite 202
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33602
City 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..

Russell T. Alba
Registered Agent's Signature (REQUIRED)
Russell T. Alba, Esq.

(CONTINUED)

FILED
2020 JAN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Jamie Boland 101 S. Franklin Street, Ste. 202 Tampa, FL 33602

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Russell T. Alba

Signature of a member or an authorized representative of a member.
(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 s.817.155, F.S.)

Russell T. Alba, Esq.
Typed or printed name of signee

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)