

2nd attempt: submitted on 11/27/23; not on sunbiz. Please honor original date of 11/27/23.

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230004045263ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO. TAMPA OPPORTUNITY INVESTORS LLC

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Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (03), Estimated Charge (\$155.00)

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T.J.H. 11/30/23

A

**Leslie Sellers**

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**From:** faxfinder@capitol-services.com  
**Sent:** Monday, November 27, 2023 11:13 AM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20231127\_101301\_00007419-0000.pdf

Create Time: 11/27/2023 09:38:05 AM

Schedule Time: 11/27/2023 10:13:01 AM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 4

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H23000404526

Max tries: 5

Try interval: 600

Priority: 3

Pages: 4

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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FAXED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000404526

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa Opportunity Investors 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:

Mailing Address:

5806 Grove Avenue, Suite 259  
Richmond, VA 23226

5806 Grove Avenue, Suite 259  
Richmond, VA 23226

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:

Capitol Corporate Services, Inc.  
Name

515 E. Park Avenue, 2nd Floor  
Florida street address (P.O. Box NOT acceptable)

Tallahassee                      Florida                      32301  
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.*

*Kim Tadlock*

Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

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**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

AMBR

Operational Services and Infrastructure, LLC  
5806 Grove Avenue, Suite 259  
Richmond, VA 23226

MGR

Stevens M. Sadler  
5806 Grove Avenue, Suite 259  
Richmond, VA 23226

MGR

Christopher K. Sadler  
5806 Grove Avenue, Suite 259  
Richmond, VA 23226

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

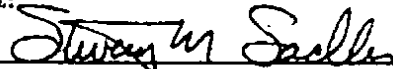
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

\_\_\_\_\_  
\_\_\_\_\_

**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.

Stevens M. Sadler  
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)

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