L200000041069

(Requestor's N	ame)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAI	T MAIL					
(Business Entit	y Name)					
(Document Number)						
Certified Copies Certifi	icates of Status					
Special Instructions to Filing Officer.						

Office Use Only



000338810460

20 JAN - T EN 2:01

01/07/20--01009--012 **500.00

1 Ji -7 01 1:2

M SIMMONS

JAN 07 2019

CORPORATE When you need ACCESS to the world

1	ACCESS, INC.	236		enue. Tallahassee, Florida 32303 (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
1			LK IN			
		PICK UP	·:	01//2020		
	CERTIFI	ED COPY				
хх	РНОТОС	OPY				
	CUS	-				
хх	FILING	_	LLC			
		AN SHIRE DR., I ME AND DOCUMENT				
	(CORPORATE NA	ME AND DOCUMENT	#)			
•	(CORPORATE NA	ME AND DOCUMENT	#)			
•	(CORPORATE NA	ME AND DOCUMENT	#)			
•	(CORPORATE NA	ME AND DOCUMENT	#)			
	(CORPORATE NA	ME AND DOCUMENT	#)			
PECL NSTR	AL UCTIONS:					

ARTICLES OF ORGANIZATION

OF

5816 Autumn Shire Dr., L.L.C., a Florida Limited Liability Company

ARTICLE I

The name of this Limited Liability Company is 5816 Autumn Shire Dr., L.L.C. (the "Company").

ARTICLE II

The mailing address and street address of the principal office of the Company

is:

Principal Office Address: 5045 Ronnoch Blvd. Wesley Chapel, FL 33543

Mailing Address: P.O. Box 17331 Tampa, FL 33682

ARTICLE III REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

JOAN Q. VALDES 5045 Ronnoch Blvd. Wesley Chapel, FL 33543

ARTICLE IV MANAGEMENT

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

<u>Title:</u>

Name and Address

AMBR/MGR.

JOAN Q. VALDES P.O. Box 17331 Tampa, FL 33682

AMBR/MGR.

ARTHUR VALDES, JR. P.O. Box 17331 Tampa, FL 33682

ARTICLE V

The effective date is the date of filing.

2020 JEE -7 F

11:1:21

		We ha	ave e	xeout k	these	Artic	le f	of Organization and acknowledged them	a to
bе	our	act	this	7 230		day of		<u>anum</u> , 2020.	
								$IA = a \cap AL$	
								Wan & Walded	
								Jacob Millians	
							Si	grature of member	
							į	Joan Q Valdes	
							Pr	inted name of signee	

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 F.S. Section 817.155

By: Kan L. Vilkills

Manager/Member - Joan Q. Valdes

By: Manager/Member - Arthur Valdes, Jr

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: 5816 Autumn Shire Dr., L.L.C. The name and Florida street address of the Registered Agent is:

JOAN Q. VALDES 5045 Ronnoch Drive Wesley Chapel, FL 33544

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.

JOAN Q. VALDES