

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (727) 320-9848
Fax Number : (727) 320-9648

LIMITED LIABILITY COMPANY

THE VILLAGE CEIA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 22 AM 11:00

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Fax Audit No. (((H00000012753 0)))

**STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
THE VILLAGE CEIA, LLC**

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE VILLAGE CEIA, LLC

ARTICLE II - Address:

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

8900 N. ARMENIA AVE., SUITE 104, TAMPA, FL 33604

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

FRANK MOSELEY

Name

8900 N. ARMENIA AVE., SUITE 104

Florida street address (P.O. Box **NOT ACCEPTABLE**)

TAMPA, FL 33604

City, State and 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 608, F.S..

Frank W. Moseley
Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

[Signature]
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(7), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. JAGODA

Typed or Printed name of signer

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,
PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

Fax Audit No. (((H00000012753 0)))

03 MAR 22 PM 12:00
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

Fax Audit No. (((H00000012753 0)))

RECEIVED
FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

00 MAR 22 PM 12:00

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

THE VILLAGE CEIA, LLC

2. The name of the Florida street address of the registered agent are:

FRANK MOSELEY

Name

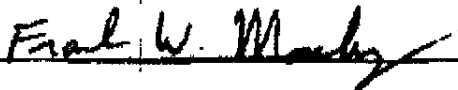
8900 N. ARMENIA AVE., SUITE 304

Florida street address (P.O. Box NOT ACCEPTABLE)

TAMPA, FL 33604

City, State and 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 608, F.S..



FRANK MOSELEY, Registered Agent

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