

LO3 0000 11325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

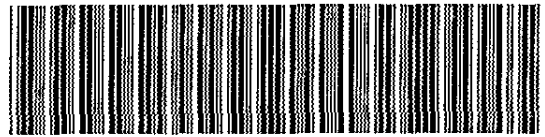
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK

03/28/03 11:56:00

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LO3-11325
che



EZON, INC.

1100 Fifth Avenue S., Suite 401/Naples, FL 34102-6407
(239) 263-1712 FAX (239) 263-7126

VIA UPS NEXT DAY AIR

March 27, 2003

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Please find enclosed the fully executed Articles of Organization for a new Florida Limited Liability Company called Retail Net Lease, LLC. In addition, we have enclosed a check in the amount of \$160, which consists of the following:

\$100 Filing Fee for the Articles of Organization
\$25 fee for Designation of Registered Agent
\$30 fee for a Certified Copy
\$5 fee for Certificate of Status

Should there be any additional information required, please do not hesitate to contact me at (239) 263-1712.

Sincerely,

Gary E. Ittner
Controller

Enclosures

03 MAR 3 PM 5:00
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RETAIL NET LEASE, LLC

ARTICLE II - Address:

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

C/O EZON, INC.

1100 FIFTH AVE SOUTH, STE 401 NAPLES, FL 34102

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

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

JACK O. TACKETT

Name

1100 FIFTH AVE SOUTH, STE 401

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

NAPLES

FL

34102

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.

J. Tackett

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

J. Tackett

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JACK O. TACKETT

Typed or printed name of signee

AUTHORIZED

REPRESENTATIVE

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FLORIDA SECRETARY OF STATE

6/3/2019 PM 5:00

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