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(Re	questor's Name)	
(Ad	dress)	
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(Ćit	y/State/Zip/Phone	(***
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
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SECRETARY OF STA

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor						
SUBJECT: Doubloon		d Liability Compa	nv)	<u> </u>	_	
	(ranic of Linites	a Liaomicy Compa	1197			
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing	j.			
Please return all correspo	ondence concerning this matte	er to the following	;			
Kristina M	1. Cardwell	(7)		<u> </u>		
	1)	Name of Person)				
Titus Law Group	<u> </u>	<u></u>				
	(1	Firm/Company)				
477 Viking D	Prive, Suite 150					
		(Address)				
Virgini	ia Beach, Virginia 23452					
	(City/	State and Zip Code)		SE	200
					CRE	
For further information c	concerning this matter, please	call:			NS.	بر ا
					HARY OF STAT NASSEE, FLORI	رخ
Kristina M. Cardwell	of Person)	at (757)	486-8700	11 N		
(Name o	or rerson)	(Area Code	: & Daytime Te	lephone Number)	STA	20 # UZ
Enclosed is a check for	r the following amount:				<u>e</u>	70
		7 016600 m		= 0160.00 mu		
2 \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fit Certified Copy		☐ \$160.00 Filin		
	• • • • • • • • • • • • • • • • • • • •	(additional copy i		Certified Copy		
				(additional copy is	enclosed)	
CTDE	ET ADDRESS:	,	MAILING A	NDDESS.		
Registr	ation Section		Registration S			
Divisio	on of Corporations Gaines Street	Ι	Division of Co	rporations		
409 E.	Oames Succi	1	P.O. Box 6327	•		

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ny is:	
Doubloon Properties, LLC		
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Liab	pility Company is:
Principal Office Address:	Mailing Address:	
17003 Falconridge Road	17003 Falconridge Road	
Lithia, Florida 33547	Lithia, Florida 33547	-
The name and the Florida street address of Denise Higgins 3010 Rolling Acres Place	Name	SECRETARY TALLAHASS
Florida stre	eet address (P.O. Box NOT acceptable)	四年 理
Valrico, FL 33594	FL state, and Zip	STATE FLORIDI
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the pacity. I further agree to comply with the performance of my duties, and I am j	appointment as he provisions of all familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing		and Address:	
MGRM		n Bargamin	
		Falconridge Road	
	Lithia, F	Florida 33547	
			<u> </u>
			
			A SE
(Use attachment if nec	essary)		CRETA
NOTE: An addition	al article must be added i	an effective date is requested.	SEE.
REQUIRED SIGNA	TURE:		FLS
Sign	Stephen E	argamin rized representative of a member.)RIDA
of th		3), Florida Statutes, the execution nation under the penalties of perjury)	
Ste	phen Bargamin		
	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)