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| (Re | equestor's Name) | |
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| (Ad | Idress) | |
| (Ac | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| | | |
| (Do | ocument Number) | l |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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SEC*15APY OF STATE
FALLANASSEE, FLORID

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | - | |
|--|----------------------------------|--|
| SUBJECT: ENGLESTONE, LLC (Name of Limite) | d Liability Company) | |
| Ç 22 <u>2</u> | | |
| The enclosed Articles of Organization and fee(s) are so | ubmitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| Dennis P. Thompson, Esq. | | |
| C | Name of Person) | |
| | | |
| Thompson & Foote, P.A. | | |
| | Firm/Company) | |
| | | ₹ 9 ₹ |
| 1150 Cleveland St., Suite 301 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | (Address) | ————————————————————————————————————— |
| | | 五年 |
| Clearwater, FL 33755 | | 器。 |
| | State and Zip Code) | — × × × × |
| | | |
| For further information concerning this matter, please | call: | |
| | | |
| Dennis P. Thompson | at (727) 449-1212 | |
| (Name of Person) | (Area Code & Daytime Tele | ephone Number) |
| Enclosed is a check for the following amount: | | |
| ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status | | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: | MAILING AD | ndree. |
| Registration Section | Registration Sec | ction |
| Division of Corporations 409 E. Gaines Street | Division of Cor P.O. Box 6327 | porations |
| Tallahassee, Florida 32399 | Tallahassee, Flo | orida 32314 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| ENGLESTONE, LLC | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2954 Landmark Way Palm Harbor, FL 34684 | same |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the registered pavid P. Stone | AND + |
| Name | |
| 2954 Landmark Way | |
| Florida street add | ress (P.O. Box <u>NOT</u> acceptable) |
| Palm Harbor, FL 34684 | FL |
| City, State, a | and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Page 1 of 2

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

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

| Title: | Name and Address: |
|----------------------------------|--|
| "MGR" = Manager "MGRM" = Managin | a Mamban |
| MOKM – Managin | g Memoer |
| MGRM | David P. Stone |
| | 2954 Landmark Way |
| | Palm Harbor, FL 34684 |
| MGRM | Benjamin Engle |
| | 1170 Palm Blvd. |
| | Dunedin, FL 34698 |
| | |
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| *** | |
| | |
| | \$ |
| (Use attachment if ne | cessary) |
| NOTE: An addition | al article must be added if an effective date is requested. |
| REQUIRED SIGNA | TURE: |
| • | |
| | |
| | TWO |
| Sign | ature of a member or an authorized representative of a member. |
| (In a | accordance with section 608.408(3), Florida Statutes, the execution |
| of th th | uis document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.) |
| | (1) (1) |
| | Typed or printed name of signee |
| | All an as kamara murra as a silles |

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)