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TALLMAN, J. DEB

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Place Management LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tillman
(Name of Person)

Michael Tillman, P.A.
(Firm/Company)

5346 S.W. 91st Terrace
(Address)

Gainesville, FL 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Tillman at (352) 335-9015
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
MAY 11 2018
8:40 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Place Management LLC

ARTICLE II - Address:

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

Principal Office Address:

8148 Hwy. 347
Cedar Key, FL 32625

Mailing Address:

P.O. Box 484
Cedar Key, FL 32625

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

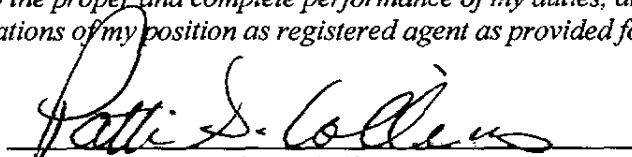
The name and the Florida street address of the registered agent are:

Patti S. Collins
Name

8148 Hwy. 347
Florida street address (P.O. Box **NOT** acceptable)

Cedar Key, FL 32625 FL
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.


Registered Agent's Signature

SECRETARY OF STATE
JAN 20 10 18 AM '18
TALLAHASSEE, FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Patti S. Collins

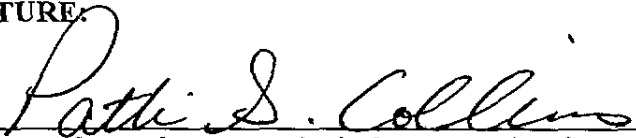
8148 Hwy. 347

Cedar Key, FL 32625

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Patti S. Collins

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL 20 P 4:18

FILED