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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Onicer.	
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OFFICES	SUITES I, LLC	
	(Name of Limited	Liability Company)	
	Organization and fee(s) are su		
Please return all correspondent	ondence concerning this matter	r to the following:	
		Alexander Wood	
	4)	lame of Person)	
		ceSuites I, LLC	
	I)	irm/Company)	
	P.0	. Box 24418	
		(Address)	
		Florida 33623-4418	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Scott Alex	kander Wood	at (813) 251-2130	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	Ø \$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)
Regis	CET ADDRESS: tration Section on of Corporations	MAILING A Registration S Division of C	Section

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 Company is:				
	OFFICESUITES I	LLC		
ARTICLE II - Ad The mailing addres	•	of the principal office of the Limited Liab	oility Company is:	
Principal Office A	ddress:	Mailing Address:		
3803 West San Nich	olas Street	P.O. Box 24418		
Tampa, FL 33629		Tampa, FL 33623-4418		
		sistered Office, & Registered Agent's S of the registered agent are: der Wood	Signature: 05 JUL	
		Name	NOF C	
	3803 West Sa	an Nicholas Street	<u>م</u> م	
	Florida	street address (P.O. Box NOT acceptable)	공 주무 유무	
	Tampa, Florid	a 33629 FL	3: 0	
	City	, State, and Zip	一湯	
liability compai registered agent ar statutes relating i	ny at the place designed agree to act in this to the proper and compations of my position	and to accept service of process for the ab ated in this certificate, I hereby accept the a capacity. I further agree to comply with the plete performance of my dutics, and I am f as registered agent as provided for in Cha	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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
MGRM	Scott Alexander Wood
· · · · · · · · · · · · · · · · · · ·	3803 West San Nicholas Street
	Tampa, FL 33629
MGR	Creigh Bogart
• • • • • • • • • • • • • • • • • • •	3803 West San Nicholas Street
	Tampa, FL 33629
MGR	David Culligan
	13014 North Dale Mabry
	Tampa, FL 33618
(Use attachment if nec	•
NOTE: An additiona	d article must be added if an effective date is requested.
REQUIRED SIGNAT	FURE:
Signa	ture of a member or a au Horney representative of a member.
of thi	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury t the facts stated herein are true.)
	Scott Alexander Wood
	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)