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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : DELOACH & HOPSTRA, P.A.
Account Number : I19990000123
Phone : (727) 397-9571
Fax Number : (727) 393-5418

FILED
06 JUN 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/22
FLORIDA/FOREIGN LIMITED LIABILITY CO.

EJB Brooker Creek, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EJB Brooker Creek, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

8840 Seminole Boulevard

Seminole, FL 33772

Mailing Address:

8840 Seminole Boulevard

Seminole, FL 33772

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter T. Hofstra

Name

8840 Seminole Boulevard

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

Seminole

FL 33772

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 (REQUIRED)

(CONTINUED)

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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

Dennis R. DeLoach, Jr., and Peter T. Hofstra, as
 Co-Trustees of the E. J. Bickley Trust est. u/w/d 4-19-82
 Ernest J. Bickley, Deceased

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of 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.)

Dennis R. DeLoach, Jr., and Peter T. Hofstra, Co-Trustees

Typed or printed name of signer

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)

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