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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Co | | | |
|--------|-----------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SUBJ | ECT: 2801 P | Placida Road LLC | | |
| 5025 | | (Name of Limite | d Liability Company) | |
| | | | | |
| The en | nclosed Articles o | of Organization and fee(s) are s | ubmitted for filing. | |
| Please | return all corresp | ondence concerning this matte | er to the following: | |
| | Stepheney | Rigney | | |
| | | (| Name of Person) | |
| | | | est. | 00 |
| | | . (| Firm/Company) | SE SE |
| | 165 Mere | dith Drive | | 06 SEP 22 PM 12: 59 SECRETARY OF STATE MALLAHASISEE, FLORIDA |
| | | | (Address) | PP SEE |
| | Englewoo | d Florida 34223 | | FLOOF STI |
| | | (City | /State and Zip Code) | 最高い |
| For fu | orther information | concerning this matter, please | call: | |
| Step | heney Rign | еу | at (941) 548-110 | 3 |
| | · (Name | e of Person) | (Area Code & Daytime To | elephone Number) |
| | 3 | | | |
| Enclo | sed is a check for | or the following amount: | | |
| \$12 | 25.00 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) |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The name of the Limited Liability Company | is: |
| 2801 Placida Road LLC | |
| (Must end with the words "Limited Liability Company, "Lin | imited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 165 Meredith Drive | 165 Meredith Drive 22 |
| Englewood Florida 34223 | Englewood Florida 34223 |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | red Office, & Registered Agent's Signature: |
| The name and the Florida street address of the | ne registered agent are: |
| Stepheney Rigney | |
| Nau | ıme |
| 165 Meredith Drive | |
| Florida street | address (P.O. Box NOT acceptable) |
| Englewood Florida 34223 | FL |
| City, Stat | ate, 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..

legistered Agent's Signature (REQUIRED

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--------------------------------|----------------------------------------------------------------------|
| "MGRM" = Managing Mer | nber |
| MGR | Stepheney Rigney |
| | 165 Meredith Drive |
| | Englewood Florida 34223 |
| MGRM | James K Rigney Sr |
| | 165 Meredith Drive |
| | Englewood Florida 34223 |
| | Z0 06 |
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| | |
| | |
| (Use attachment if necessar | v) |
| (Ose accomment if floodsbar | <i>,</i> |
| LE V: Effective date, if other | er than the date of filing: (OPTIONAL) |
| fective date is listed, the da | te must be specific and cannot be more than five business days prior |
| days after the date of filing | 3) |
| | |
| DECLUDED GLON A TENN | _ |
| <u>REQUIRED</u> SIGNATURI | હ: |
| | () |
| No. | Thomas / Kiones |
| Signature o | of a member or an authorized representative of a member. |
| (In accorda | nce with section 608.408(3), Florida Statutes, the execution |
| of this docu | ment constitutes an affirmation under the penalties of perjury |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Stepheney Rigney

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee