Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

Phone

: (813)229-7600

Fax Number

1 (813)229-1660

ORIDA/FOREIGN LIMITED LIABILITY CO.

Red Star Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Principal Office Address:	Mailing Address:	
101 E. Kennedy Blvd.	101 E. Kennedy Blvd.	
Suite 2800	Suite 2800	
Tampa, FL 33602	Tampa, FL 33502	
business entity with an active Florida registration,		ರ್ . ≥
The name and the Florida street address	ss of the registered agent are:	ರ್ . ≥
•	ss of the registered agent are:	ರ್ . ≥
The name and the Florida street address	ss of the registered agent are:	ರ್ . ≥
The name and the Florida street address Bruce H. Gord	ss of the registered agent are: don, Esq.	2007 NOV 20 SECRETARY TALLAHASSE
The name and the Florida street address Bruce H. Gord 101 E. Kenne	ss of the registered agent are: don, Esq. Name	2007 NOV 20 AM SECRETARY OF S TALLAHASSEE.FL
The name and the Florida street address Bruce H. Gord 101 E. Kenne	ss of the registered agent are: don, Esq. Name edy Blvd., Ste. 2800 da street address (P.O. Box NOT acceptable)	2007 NOV 20 SECRETARY (TALLAHASSEE

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) 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 "MGRM" = Managing Member	Name and Address:			
	MGR	C. Philip Campbell, Jr.			
		101 E. Kennedy Blvd., Ste. 2600 Tampa, FL 33602			
	·				
			_		
		LACE OF THE STATE	····		
		(1)(4)			
	(Use attachment if necessary)		TAG	2	
(If an	ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing:, (OP e specific and cannot be more than five busin	TION Y MASS MASS	正 题 V 20	distance of
	REQUIRED SIGNATURE:	oda.	Y OF STATE EE, FLORIDA	AM 8: 46	Target Park
		or an authorized representative of a member.			
	(In accordance with sec of this document consti that the facts stated h	tion 608.408(3), Florida Statutes, the execution lutes an affirmation under the penalties of perjury erein are true.)			
	Bruce H. Gord	don ped 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)

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