

# L150000/0720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

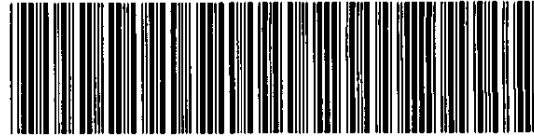
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200267695782

01/20/15--01005--005    \*\*125.00

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 20 AM 10: 07  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**FILED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 20 AM 10: 41

JAN 21 2015  
T. HAMPTON

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP: 1/20

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. Dolphin 6162, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**OF**

**DOLPHIN 6162, LLC**

The Member who desires to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, by and through her authorized representative, does hereby adopt the following Articles of Organization and certify:

**ARTICLE I: NAME**

The name of the limited liability company is Dolphin 6162, LLC (the "Limited Liability Company").

**ARTICLE II: ADDRESSES**

The mailing address of the Limited Liability Company is 900 Gasparilla Drive NE, St. Petersburg, FL 33702. The street address of the principal office of the Limited Liability Company is also 900 Gasparilla Drive NE, St. Petersburg, FL 33702.

**ARTICLE III: REGISTERED AGENT AND OFFICE**

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

Elaine S. Rice  
900 Gasparilla Drive NE  
St. Petersburg, FL 33702

**FILED**  
15 JAN 20 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 605, Florida Statutes.*

*Elaine S. Rice*

Elaine S. Rice  
Signature of Registered Agent  
Accepting the Appointment

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is a member-managed limited liability company. The business of the Limited Liability Company shall be conducted, carried on, and pursuant to the laws of the State of Florida. The name and address of the sole Member of the Limited Liability Company as of its date of organization is as follows:

Elaine S. Rice  
as Trustee of the Elaine S. Rice Trust Dated May 22, 2015  
900 Gasparilla Drive NE  
St. Petersburg, FL 33702

**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act on January 19, 2015.

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Elaine S. Rice  
Signature of Authorized Representative  
Executing the Articles of Organization

**FILED**  
15 JAN 20 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA