

Division of Corporations

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: charlesm@cpamassie.com

FLORIDA LIMITED LIABILITY CO.
Tatanka Ridge Properties, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Tatanka Ridge Properties, LLC**

ARTICLE II - Address

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

**18452 Deep Passage Lane
Fort Myers Beach, FL 33931**

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature

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

Charles Abels Massie
Name

15671 San Carlos Blvd., Suite 201
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908
(City/State/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 605, F.S.


Registered Agent's Signature - **Charles Abels Massie**

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Brian Podlaak
18452 Deep Passage Lane
Fort Myers Beach, FL 33931

AMBR

Elke Karin Podlaak
18452 Deep Passage Lane
Fort Myers Beach, FL 33931

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16 OCT 11 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
MGR
CITIZEN

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ARTICLE V - Effective date, if other than the date of filing: October 11, 2016
(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 a member or authorized representative of a member

(In accordance with section 605.0203(1)(B), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F. S.)

Brian Podlasek

Typed or printed name of signee

16 OCT 11 AM 8:58
FILED
STATE OF FLORIDA
DEPARTMENT OF STATE

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