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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

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**Email Address:** jesquivel@slk-law.com

**FLORIDA LIMITED LIABILITY CO.**  
**Shumaker Advisors Florida, LLC**

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Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
SHUMAKER ADVISORS FLORIDA, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is Shumaker Advisors Florida, LLC

**ARTICLE II – Address:**

The mailing address and the principal address of the Limited Liability Company are:

Principal Address: 101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

Mailing Address: 101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

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**ARTICLE III – Management:**

The Limited Liability Company is to be managed by its sole Member, Shumaker, Loop & Kendrick, LLP.

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by applicable law, as amended from time to time, indemnify the Member and any manager of the Limited Liability Company. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person or entity may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the Sole Member and acknowledged them to be my act on this 31<sup>st</sup> day of January, 2017.



\_\_\_\_\_  
Signature of an authorized representative of a member.

\_\_\_\_\_  
Ronald A. Christaldi  
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Shumaker Advisors Florida, LLC.**
2. The name and the Florida street address of the registered agent are:

Ronald A. Christaldi, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Signature

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