

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863) 294-3360
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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: ljohnson@sixtenllc.com

FLORIDA LIMITED LIABILITY CO.

Elkshorn, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
ELKSHORN, LLC

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ARTICLE I – Name:

The name of the Limited Liability Company is ELKSHORN, LLC.

ARTICLE II – Address:

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

56 4th Street, NW
Suite 200
Winter Haven, Florida 33880

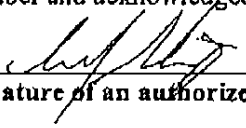
ARTICLE III – Management:

The Limited Liability Company is to be managed by a manager or managers. The initial managers shall be;

Six/Ten, LLC
56 4th Street, NW, Suite 200
Winter Haven, Florida 33880

Ave B Realty, LLC
320 Flightline Drive, Suite 202
Lakeland, Florida 33811

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19th day of June, 2017.



Signature of an authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carl J. Strang, III
Typed or printed name of signee

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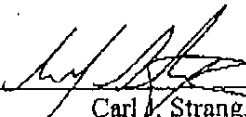
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 Elkshorn, LLC.
2. The name and the Florida street address of the registered agent are:

Carl J. Strang, III
c/o Six/Ten, LLC
56 4th Street, NW, Suite 200
Winter Haven, Florida 33880

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.



Carl J. Strang, III,
Registered Agent

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