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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
ASHTON PHILLIPPI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION**OF****ASHTON PHILLIPPI, LLC**

The undersigned certifies that we have associated ourselves together for the purposes of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I**NAME OF BUSINESS**

The name of the limited liability company shall be ASHTON PHILLIPPI, LLC.


ARTICLE II**PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The street address of the principal office of the company is: 4470 Lords Drive, Sarasota 34231 in the County of Sarasota, State of Florida, and mailing address of the company is PO Box 20459, Sarasota 34276 in the County of Sarasota, State of Florida, but it shall have the power of authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the initial registered agent of the limited liability company is: Dexter P. Baum, 4470 Lords Drive, Sarasota 34231 in the County of Sarasota, State of 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, F.S.


Registered Agent
Typed Name: Dexter P. Baum

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ARTICLE IV
MANAGEMENT

The name and address, including e-mail address, of each person authorized to manage and control the Limited Liability Company is:

Title: **Name and Address:**

MGR Dexter P. Baum
 PO Box 20459
 Sarasota, FL 34276

MGR Lynn P. Baum
 PO Box 20459
 Sarasota, FL 34276

Email Address: dexter@baumtools.com

ARTICLE V
EFFECTIVE DATE

Effective date, if other than the date of filing is _____

ARTICLE VI
OTHER PROVISIONS

In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted, and which the limited liability company is authorized to transact, shall be to engage in any activity or business authorized under the Florida statutes, and as further defined in the Company's Operating Agreement.

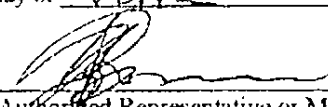
The undersigned, being an authorized representative, or member, of the limited liability company, certifies that this instrument constitutes the Articles of Organization of ASHTON PHILLIPPI, LLC.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.

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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 section 817.155, F.S.

Executed by the undersigned on the 28 day of JUNE, 2017.


Authorized Representative or Member
Typed Name: Dexter P. Baum

EJB:dh/6107-17/Formation Documents/Articles of Organization

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