

8/8/2017

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12122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Strack Monte Bella, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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

**Mailing Address:**

400 N. Ashley Drive, Suite 2500

Tampa, FL 33602

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

Name \_\_\_\_\_

Florida street address (P.O. Box **NOT** acceptable)

33602

**Zip**

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>PRES</u>	<u>JOHN H. BRAY</u> <u>400 N. ASHLEY DR., SUITE 2500</u> <u>TAMPA, FL 33602</u>
<u>VP</u>	<u>MATTHEW J. BRAY</u> <u>400 N. ASHLEY DR., SUITE 2500</u> <u>TAMPA, FL 33602</u>
<u>VP</u>	<u>JOHN C. TROUTMAN</u> <u>3161 MICHELSON, SUITE 425</u> <u>IRVINE, CA 92612</u>
<u>AVP</u>	<u>DAWN M. LEMONS</u> <u>400 N. ASHLEY DR., SUITE 2500</u> <u>TAMPA, FL 33602</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.JOHN C. TROUTMAN

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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