

L17000 188938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

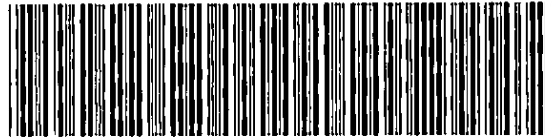
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
SEP 06 2017



900303242649

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP -5 AM 11:25

900303242649
09/06/17--01001--005 **125.00

SEP 06 2017
17 SEP -5 PM 4:00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POA DEVELOPMENT LLC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP -5 AM 11:25

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: SETH

09/05/17

Name _____

Date _____

Time _____

Check-In _____

Will Pick Up _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: POA DEVELOPMENT LLC

Name of Limited Liability Company

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP -5 AM 11:25

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA N THARPE

Name of Person

THE COLLIER COMPANIES

Firm/Company

220 N MAIN STREET

Address

GAINESVILLE FL 32601

City/State and Zip Code

ANGELA.THARPE@COLLIERCOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA THARPE

352

213-5612

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POA DEVELOPMENT LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

220 N MAIN ST
GAINESVILLE FL 32601

220 N MAIN STREET
GAINESVILLE FL 32601

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANGELA N THARPE

Name

220 N MAIN STREET

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

<u>GAINESVILLE</u>	<u>FL</u>	<u>32601</u>
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..

Angela N Tharpe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
FILED
TALLAHASSEE, FLORIDA
17 SEP -5 AM 11:25

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

NATHAN S. COLLIER

220 N MAIN STREET

GAINESVILLE FL 32601

(Use attachment if necessary)

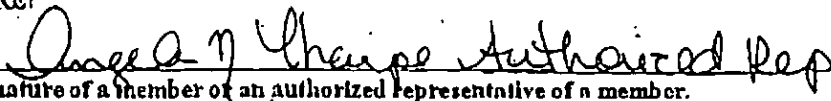
ARTICLE V: Effective date, if other than the date of filing: 08/28/2017 OR AS SOON AFTER (OPTIONAL)

(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.

ANGELA N THARPE, AUTHORIZED REPRESENTATIVE

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)

SECRET
FILED
TALLAHASSEE, FLORIDA
17 SEP -5 AM 11:25