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The undersigned representative of the Members, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is HARCILE, LLC.

ARTICLE II. ADDRESS

The mailing address of the principal office of the Company is:

P. O. Box 2235 Lakeland, Florida 33806

The street address of the principal office of the Company is:

210 Hunter Street Lakeland FL 33803

ARTICLE III. DURATION

The period of duration for the Company shall be perpetual, unless terminated in accordance with the Company's Operating Agreement or by the unanimous written consent of the Members.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

MARGARET C. PARRY 1819 Cherokee Trail Lakeland, Florida 33803

ARTICLE V. MANAGEMENT

The business of the Company shall be conducted, carried on, and managed by no fewer than one Manager, who shall be elected by the Members of the Company in the manner prescribed by and provided in the Operating Agreement of the Company. Therefore, the Company is a manager-managed company. Such Manager(s) shall also have the rights and responsibilities described in the Operating Agreement of the Company.

ARTICLE VI. OPERATING AGREEMENT

The Company shall have an Operating Agreement. The power to adopt, alter, amend, or repeal the Operating Agreement of the Company shall be vested in the Members of the Company.

Margaret C. Parry, Manager

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE OF HARCILE, LLC 605, 00/ 3

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, HARCILE, LLC, a Florida limited liability company (the "Company"), hereby submits the following statement designating the registered office and registered agent in Florida.

1. The name of the Company is: HARCILE, LLC.

2. The name of the registered agent and the address of the registered office are:

NAME: MARGARET C. PARRY

ADDRESS: 1819 Cherokee Trail Lakeland, Florida 33803

Having been named as registered agent and appointed 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 of the Florida Statutes.

Margaret Cf Parry, Registered Agent

Date: August 24, 2017