

# L18000010737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

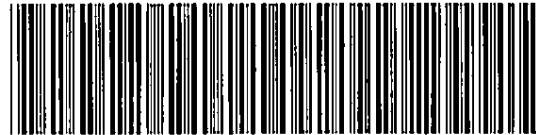
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
18 JAN 12 PM 12:00  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

18 JAN 16 2018  
AUTHORITY

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 331/I-10 Properties, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

andrea@rarinc.com

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

For further information concerning this matter, please call:

ANN BLACK

\$50

893-4105

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

18 SEP 15 AM 11:46

# ARTICLES OF ORGANIZATION OF 331/I-10 PROPERTIES, LLC

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **331/I-10 PROPERTIES, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **1538 Metropolitan Boulevard, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **1538 Metropolitan Boulevard, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

18 JUN 16 AM 11:46

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **W. CRIT SMITH**; the initial registered office is located at **3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, Florida 32309.**

7. **MANAGEMENT.**

The names and address of the person authorized to manage and control the Limited Liability Company are as follows:

**Charles W. Roberts, III  
1538 Metropolitan Boulevard  
Tallahassee, Florida 32308**

**EXECUTED** at Tallahassee, Leon County, Florida this 12<sup>th</sup> day of January, 2018.

  
\_\_\_\_\_  
**W. CRIT SMITH**

18 JAN 16 AM 11:45

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **331/I-10 PROPERTIES, LLC.**
2. The name of the registered agent and office is: **W. CRIT SMITH, 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, Florida 32309.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



**W. CRIT SMITH, Registered Agent**

18-016-0111-46