

# L18000043565

Florida Department of State  
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To: Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FLORIDA LIMITED LIABILITY CO.  
1220 S DALE MABRY REAR, LLC**

Certificate of Status	0
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FEB 20 2018

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2018 FEB 19 PM 1:00  
FLORIDA DEPARTMENT OF STATE

18 FEB 19 PM 1:32

ALLIANCE SEC. FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
1220 S DALE MABRY REAR, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **1220 S DALE MABRY REAR, LLC.**

**ARTICLE II – Address:**

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

401 East Jackson Street, Suite 3300  
Tampa, FL 33602

**ARTICLE III – Manager(s):**

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

Title	Name and Address
MGR	David Sobelman 401 East Jackson Street, Suite 3300 Tampa, FL 33602

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

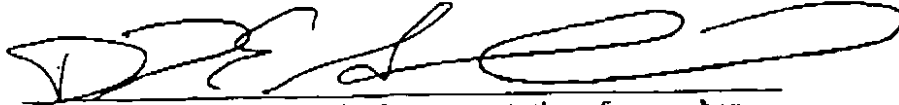
**ARTICLE V - Registered Agent and Registered Address**

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

David Sobelman  
401 East Jackson Street, Suite 3300  
Tampa, FL 33602

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19<sup>th</sup> day of February 2018.



Signature of an authorized representative of a member.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes.)

David Sobelman

Typed or printed name of signer

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MILWAUKEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **1220 S DALE MABRY REAR, LLC.**
2. The name and the Florida street address of the registered agent are:

David Sobelman  
401 East Jackson Street, Suite 3300  
Tampa, FL 33602

*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.*



David Sobelman  
Registered Agent