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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 03/16/2018

	Acc#120160000072
Name:	Anderson CTCOA Investors, LLC (FL)
Document #:	
Order #:	10886458
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COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Anderson CTCOA Investors, LLC
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Thomas Munzenberger
	Name of Person
	Dickinson Wright PLLC
	Firm/Company
	500 Woodward Ave., Suite 4000
	Address
	Detroit, M1 48226
	City/State and Zip Code
	robin@andersongroup.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Thomas Милzenberge: 313 223-3767
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee Si30.00 Filing Fee & Si30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Si30.00 Filing Fee & Si60.00 Filing Fee, 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 Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	· Company is:		
Anderson CTCOA In: (Must conta	vestors, LLC in the words "Limited Lia	ability Company, "L.l.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited Liak	pility Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
St. Petersburg, FL 33			Avenue NE, Suite 1250 sburg, FL 33701
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own R	egistered Agent, You	
The name and the Florida street a	ddress of the registered a	gent are:	
	C T Corporation System	11	
	:	Vame	
	1200 South Pine Island	i Road	
	Florida street address (P.O. Box NOT accep	table)
	Plantation.	Florida	33324

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..

City

y: C T Corporation System James M. Halpin
Assistant Secretary
Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

18 MAR 16 PINZ: UT

"AMBR" = Author "MGR" = Manager		Name and Address:
MGR		The Anderson Group, LLC
		111 2nd Avenue NE, Suite 1250 St. Petersburg, FL 33701
		the receisioning, response
	<u></u>	
		
		
effective date is listed.	if other than the date of fili	ng:
CLEV: Effective date effective date is listed to of filing.) If the date inserted in	if other than the date of fili the date must be specific	and cannot be more than five business days prior to or 90 days ne applicable statutory filing requirements, this date will not be li
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CLE V: Effective date effective date is listed to of filing.) If the date inserted in cument's effective date cument's effective date. REQUIRED SIGNATH I The Factor of the cument's effective date.	this block does not meet the on the Department of Statons, if any. Signature of a member is document is executed in a ware that any false inforstitutes a third degree felon	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State