6/22/2018

6/22/2018 4:2

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000186635 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HAHN LOESER & PARKS

Account Number : I20070000069

: (239)254-2900

Fax Number

: (239)592-7716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:			

FLORIDA LIMITED LIABILITY CO. Kirby GP 6, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN

(((H18000186635 3)))

ARTICLES OF ORGANIZATIO OF KIRBY GP 6, LLC

ARTICLES OF ORGANIZATION 12018 JUN 22 AM 9: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of this Limited Liability Company is KIRBY GP 6, LLC (the "Company").

ARTICLE II DURATION

The period of duration for the Company is perpetual.

ARTICLE III
ADDRESS

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

1406 S.E. 46th Lane #4 Cape Coral, Florida 33904

ARTICLE IV REGISTERED OFFICE AND AGENT

The initial registered office of this Company shall be HL Statutory Agent, Inc., c/o Jeffrey M. Folkman, Esq., 5811 Pelican Bay Boulevard, Suite 650, Naples, Florida 34108, and its initial registered agent at such office shall be HL Statutory Agent, Inc.

ARTICLE V MANAGEMENT

The Company is a manager-managed limited liability company.

Dated June 22, 2018.

Jyan D. Bendeck

Authorized Representative

(((H18000186635 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

- 1. The name of the Company is KIRBY GP 6, LLC
- 2. The name and address of the registered agent and office is:

HL Statutory Agent, Inc. c/o Jeffrey M. Folkman, Esq. 5811 Pelican Bay Boulevard, Suite 650 Naples, Florida 34108 SECRETARY OF STATE FALL AHASSEE, FLORID:

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 of the Florida Statutes.

Dated June 22, 2018

HL Statutory Agent, Inc.

Jeffer M. Polkman. Vice Preside