Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:___

FLORIDA LIMITED LIABILITY CO.

Surterra Lakeland, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLESOF(ORGANIZATIONFOR	FLORIDA LIMITEDI	JABILITYCOMPANY	
ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
Surterra Lakeland, LL				
(Must conta	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	dress of the principal	office of the Limited I	iability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
55 Ivan Allen Jr Blvd	NW	55 lv	an Allen Jr Blvd NW	
Suite 900		Suite		
Atlanta, GA 30308		Atlan	ta, GA 30308	
The name and the Florida street ac	ddress of the registere	stem		
		Name		
	1200 South Pine Is	and Road		
	Florida street addre	ss (P.O. Box <u>NOT</u> no	reptable)	
	Plantation,	Florida	33324	
	City	State	Zip	
Having been named as registered as place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obli	Thereby accept the app visions of all statutes r igations of my position CT Corp	pointment as registered relating to the proper o	l agent and agree to act in this ca und complete performance of my a	pacity. I luties, and I
·	Regis	tered Agent's Signatu	re (REQUIRED)	

(CONTINUED)

To:	Page	4	of

l'itle:		Name and Address:
AMBR" = Authori	zed Meinber	
MGR" = Manager		
MGR		Surterra Florida, LLC
		110 N 11th St, 2nd Floor
		Tampa, FL 33602
		
		
		
V: Effective date, tive date is listed,	if other than the date of	filing:
ctive date is listed, f filing.) he date inserted in	if other than the date of the date must be specif this block does not mee on the Department of 2	fic and cannot be more than five business days prior to or 90 d at the applicable statutory filing requirements, this date will not b
EV: Effective date, ctive date is listed, filing.) he date inserted in tent's effective date	if other than the date of the date must be specifi this block does not mee on the Department of tons, if any.	fic and cannot be more than five business days prior to or 90 d at the applicable statutory filing requirements, this date will not b
CV: Effective date, ctive date is listed, filing.) he date inserted in tent's effective date. CVI: Other provision	if other than the date of the date must be specifithis block does not meet on the Department of tons, if any. ATURE:	fic and cannot be more than five business days prior to or 90 d t the applicable statutory filing requirements, this date will not b State's records
CV: Effective date, etive date is listed, filing.) the date inserted in tent's effective date. EVI: Other provision. REOURED SIGN.	if other than the date of the date must be specification this block does not meet on the Department of the date. ATURE: Signature of a member document is executed a aware that any fulse in	fic and cannot be more than five business days prior to or 90 d at the applicable statutory filing requirements, this date will not b
V: Effective date, etive date is listed, filing.) he date inserted in ent's effective date. VI: Other provisions of the course o	if other than the date of the date must be specification this block does not meet on the Department of the date. ATURE: Signature of a member of document is executed a aware that any fidse in stitutes a third degree fe	the applicable statutory filing requirements, this date will not be State's records Deformation and prize of the presentative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

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