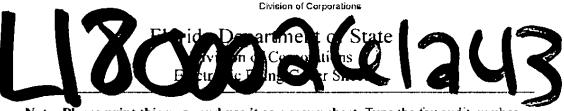
11/9/2018



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.

(((H18000323513 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 ; 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. CAMP PARTNERS, LLC

Certificate of Status Certified Copy 0 Page Count 04 \$125.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION

CAMP PARTNERS, LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

CAMP PARTNERS, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1990 Main Street Suite 750 Sarasota, Florida 34236

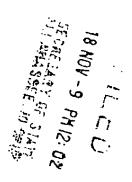
and, the mailing address of the Limited Liability Company shall be:

P.O. Box 712 Sarasota, Florida 34230

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Michael Marcel 6157 Midnight Pass Road Sarasota, Florida 34242



<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the 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:

CAMP PARTNERS, LLC

2. The name and the Florida street address of the registered agent are:

Michael Marcel 6157 Midnight Pass Road Sarasota, Florida 34242

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: November 9,2018

"REGISTERED AGENT"

To: Page 5 of 5

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

> Michael Marcel 6157 Midnight Pass Road Sarasota, Florida 34242

These Articles of Organization have been executed as of the ____ day of nember 9, 2018.

"MANAGER"