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	Division of Corporations Fax Number : (850)617-6381					
	Pax Muliper . (030), to a control of the control of					
From:	THE	(.)				
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	95. X				
	Account Number : 12000 000 0019 Phone : (305)552-5973	55.77				
	Phone : (305)552-5973 Fax Number : (305)675-5944					
а	r the email address for this business entity to be used for named report mailings. Enter only one email address please.	future ** —				
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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 5 2019 C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of t	Name: the Limited 1	Liability Compar	ıy is:			
POLL	ING	OAKS	BBG	RAN	CH_	LLC.
ARTICLE II a The mailing a Company is:	- Address: address and	street address of	the principal of	ice of the Limit	ed Liabili	19 MAR
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ARTICLE I The name a Liability Co	nd title of ea	ch person autho GR or AMBR)				[501.)
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Required Signatures:

Signature of a member or 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 for in s.817.155, F.S.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

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