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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

> FLORIDA LIMITED LIABILITY CO. CASTILLE AT CARILLON HOLDINGS, LLC

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#### ARTICLES OF ORGANIZATION

OF

#### CASTILLE AT CARILLON HOLDINGS, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is CASTILLE AT CARILLON HOLDINGS, LLC.

#### ARTICLE II - Address:

The mailing address and the principal address of the Limited Liability Company are:

100 S. Ashley Dr., Suite 110, Tampa, FL 33602

#### ARTICLE III - Management:

The Limited Liability Company is to be manager-managed by one or more managers as elected and provided for in the Operating Agreement of the Limited Liability Company.

#### ARTICLE IV - Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

### ARTICLE V - Transfers of Membership Interests in the Company

No transfer of any Membership Interests in the Limited Liability Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Limited Liability Company, as amended at the effective time of the transfer.

#### H19000161113 3

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized agent and acknowledged them to be my act this 16th day of May 2019.

Signature of an authorized representative.

(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 in section 817.155, Florida Statutes.)

Larry Feldman

Typed or printed name of signee

#### H19000161113 3

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, 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 CASTILLE AT CARILLON HOLDINGS, LLC.
  - The name and the Florida street address of the registered agent are:

Larry Feldman 100 S. Ashley Dr., Suite 110, Tampa, FL 33602

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.

Signature