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(City/State/Zip/Phone #)

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(Business Entity Name)

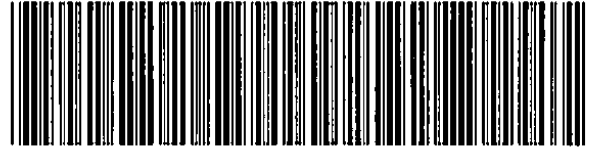
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SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

AUG 2 ' 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AFF INDUSTRIAL PROPERTIES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMBER O'CONNOR

Name of Person

Firm/Company

3755 WEST LAKE HAMILTON DRIVE

Address

WINTER HAVEN, FL 33881

City/State and Zip Code

AOCONNOR@AL.WAYSFRESH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMBER O'CONNOR

863

401-3404

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



2019-07-02 11:09:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

AMBER O' CONNOR
3755 WEST LAKE HAMILTON DRIVE
WINTER HAVEN, FL 33881

SUBJECT: AFF INDUSTRIAL PROPERTIES, LLC
Ref. Number: W19000062407

We have received your document for AFF INDUSTRIAL PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 119A00013675

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

AFF INDUSTRIAL PROPERTIES, LLC

ARTICLE II
Address

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

3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
Wayne Giddings	3755 West Lake Hamilton Drive, Winter Haven, Florida 33881
Matthew Giddings	3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

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SECRETARY OF STATE
TALLAHASSEE, FL

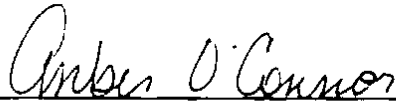
ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

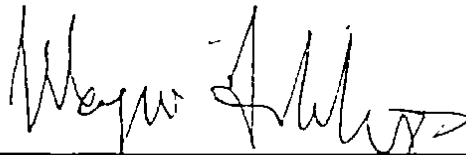
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Amber O'Connor
3755 West Lake Hamilton Drive
Winter Haven, Florida 33881

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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



AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with Section 605.0203 (1) (b), *Florida Statutes*, 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.).

WAYNE GIDDINGS, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED