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COVER LETTER :

Ţ,

SUBJECT:	TALLAHASSEE IB HOLDINGS. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	f Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
S	STACY SMALL
_	Name of Person
S	SMITH THOMPSON SHAW
_	Firm/Company
3	3520 THOMASVILLE ROAD - 4TH FLOOR
_	Address
Ţ	FALLAHASSEE. FL 32309
-	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further inf	Ormation concerning this matter, please call:
S	TACY SMALL 850 893-4105
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	ng Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{Cadditional copy is enclosed}} \int_{S160.00 Filing Fee. Certificate of Status & Certificat
	Mailing Address New Filing Section Street Address New Filing Section

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

TO:

New Filing Section Division of Corporations

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

ARTICLES OF ORGANIZATION SECRETARY OF AND TALLAHASSEE IB HOLDINGS, LLGS AND TALLAHASSEE IB HOLDINGS, LLGS AND TALLAHASSEE IB HOLDINGS, LLGS AND TALLAHASSEE IB HOLDINGS AND TALLAHASSEE AND TALLAH

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is **TALLAHASSEE IB HOLDINGS**, **LLC** (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business is 200 Winn Cay Drive, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is 200 Winn Cay Drive, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **DEBNEY D. MOORE** at located at 200 Winn Cay Drive, Tallahassee, Florida 32312.

7. MANAGEMENT.

5 - 5 - **5** .

The name and address of the manager of the Limited Liability Company are:

Debney D. Moore 200 Winn Cay Drive Tallahassee, Florida 32312

DATED this _____ day of August, 2019.

DEBNEY D. MOORE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **TALLAHASSEE IB HOLDINGS**, **LLC**.
- 2. The name of the registered agent and office is: **DEBNEY D. MOORE**; at 200 Winn Cay Drive, Tallahassee, Florida 32312200 Winn Cay Drive, Tallahassee, Florida 32312.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

DEBNEY D. MOORE, Registered Agent

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