

Don

L19000258133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000313991 3)))



H190003139913ABC3

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 : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 OCT 25 PM 11:01
FILED

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

Email Address: Tucker.thoni@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.
Optimum Equity Builders, LLC**

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



October 24, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAYROBINSON

SUBJECT: OPTIMUM EQUITY BUILDERS. LLC
REF: W19000094345

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

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

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.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000313991
Letter Number: 119A00021935

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
OCT 25 PM 11:01
H19003129913
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is: **Optimum Equity Builders, LLC**

ARTICLE II
Address

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

905 South Drive
Polk City, FL 33868

ARTICLE III
Purpose

This Limited Liability Company is organized to be a "qualified opportunity zone business," within the meaning of Section 1400Z-2 of the Internal Revenue Code of 1986, as amended (the "Code") and the Treasury Regulations proposed thereunder, and therefore, this Limited Liability Company is organized for the purpose of investing in "qualified opportunity zone property" within the meaning of Section 1400Z-2 of Code and the Treasury Regulations thereunder, and for any other lawful business under Chapter 605, Florida Statutes.

ARTICLE IV
Management

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

Manager: Optimum Managers, LLC, a Florida limited liability company

ARTICLE IV
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:

Optimum Equity Partners, LLC, a Florida limited liability company
905 South Drive
Polk City, FL 33868

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

Oct. 25. 2019 11:15AM

GRAY ROBINSON

No. 0918 P. 4

H19000313991 3

complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

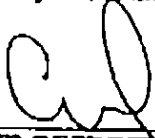
H19000313991 3

H19000313991 3



REGISTERED AGENT'S SIGNATURE

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 817.135, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Eric Greenhow, Manager and Authorized Representative
905 South Drive, Polk City, FL 33868

FILED
19 OCT 25 PM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA