

12/10/2019

L19000293505

Division of Corporations

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.

(((H19000355999 3)))



H190003559993ABCH

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 : BRETT HENDEE, P.A.
Account Number : I19980000066
Phone : (813)258-1177
Fax Number : (813)259-1106

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

Email Address: handwreality@gmail.com

FLORIDA LIMITED LIABILITY CO.
Colonial Club FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KFFFF
DEC 11 2019

(((H19000355999 3)))

**ARTICLES OF ORGANIZATION OF
COLONIAL CLUB FL, LLC**

ARTICLE I-Name

The name of the limited liability company shall be Colonial Club FL, LLC.

ARTICLE II-Address

The street address of the principal office of the limited liability company is: 215 West Verne Street, Suite D, Tampa, Florida 33606. The mailing address of the principal office of the limited liability company is: 215 West Verne Street, Suite D, Tampa, Florida 33606.

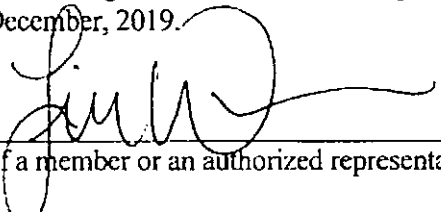
ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Lisa H. Wilkerson, Esquire, 1700 South MacDill Avenue, Suite 200, Tampa, Florida 33606.

ARTICLE IV-Management

The limited liability company formed upon the filing of these Articles of Organization shall be managed by a manager. The initial manager is Blackacre Management, LLC.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10th day of December, 2019.



Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa H. Wilkerson
Typed or printed name of signee

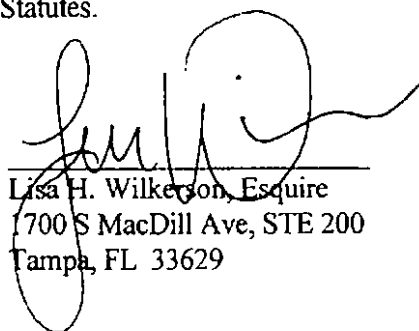
(((H19000355999 3)))

FILED
19 DEC 10 PM 9:26
CLERK OF DISTRICT COURT
HILLSBORO COUNTY, FLORIDA

(((H19000355999 3)))

ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.



Lisa H. Wilkerson, Esquire
1700 S MacDill Ave, STE 200
Tampa, FL 33629

FILED
19 DEC 10 PM 9:26
TAMPA, FL 33602

(((H19000355999 3)))