## 1900029105

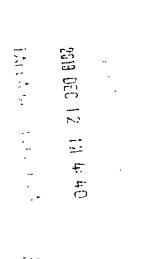
(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cı1	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		_
Citrus Res Dev, LLC		
		_
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Dequasted by:		UCC 1 or 3 File
Requested by:		UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick	k Up	Courier
		, and the second

## COVER LETTER

	New Filing Section Division of Corporations				
SHD IEC	CITRUS RES DEV, LL	С			
SUBJECT: Name of Limited Liability Company				<del></del>	
The enclo	sed Articles of Organization	and fee(s) are	e submitted	for filing.	
Please ret	um all correspondence conc	erning this ma	atter to the fe	ollowing:	
	MARK MANGEN				
			Name of	Person	
	STRAUGHN & TURNE	Ř, P.A.			
			Firm/Co	mpany	
	255 MAGNOLIA AVEN	UE, S.W.			
			Addre	ess	
	WINTER HAVEN, FL 3	3880			
	RSTRAUGN@STRAUGI		COM	i Zip Code	
				nnual report notificati	
For further	information concerning this			•	•
	RICHARD STRAUGHN	·	63	293-1184 )	
	Name of Person	A	rea Code	Daytime Telephon	e Number
England	is a check for the following	omount:			
	0 Filing Fee □\$130.00	Filing Fee &	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address			Street Address New Filing Section Di	ivision
	New Filing Section Division of Corpor	ations		The Centre of Tallaha	assee
	P.O. Box 6327 Tallahassee, FL 32	214		2415 N. Monroe Stre Tallahassee, FL 3230	•

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CITRUS RES DEV. LLC	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
346 E. CENTRAL AVENUE	346 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880	WINTER HAVEN, FL 33880

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

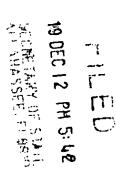
The name and the Florida street address of the registered agent are:

RICHARD E. STRAU	<u>GHN</u>	
	Name	-
255 MAGNOLIA AVI	ENUE, S.W.	
Florida street address (	P.O. Box <u>NOT</u> ac	cceptable)
WINTER HAVEN	FL	33880
City	State	Zip

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	ADAM RHINEHART 346 E. CENTRAL AVENUE WINTER HAVEN, FL 33880
(If an effective date is listed, the date must be sp the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
REQUIRED SIGNATURE:	
This document is execu I am aware that any falso	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

RICHARD E. STRAUGHN