

L20000006936

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.

((H20000009761 3)))



H200000097613ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2020 JAN -9 PH 3:58

TO: DIVISIONS OF CORPORATIONS
FROM: COMMERCIAL SERVICES

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

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

Email Address: david.hallock@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.

519 N. Kentucky Ave., LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

2020 JAN 09 PM 3:58

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JAN 10 2020

(((H20000009761 3)))

**ARTICLES OF ORGANIZATION
OF
519 N. KENTUCKY AVE., LLC**

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Revised Limited Liability Company Act.

**ARTICLE I.
NAME**

The name of the Company is 519 N. KENTUCKY AVE., LLC.

**ARTICLE II.
PRINCIPAL OFFICE**

The physical address and the mailing address for the Company is 502 N. Massachusetts Ave., Lakeland, FL 33801.

**ARTICLE III.
DURATION**

The Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

**ARTICLE IV.
PURPOSE**

The Company is organized for the purpose of transacting any and all lawful business.

**ARTICLE V.
MANAGEMENT**

The Company is to be a manager-managed company. The initial Manager of the Company shall be:

Corey Miller
502 N. Massachusetts Ave.
Lakeland, FL 33801

**ARTICLE VI.
INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT**

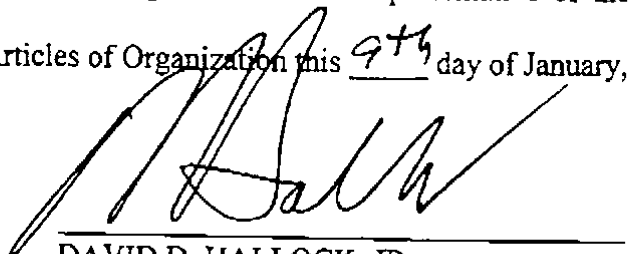
The street address of the initial registered office of the Company is One Lake Morton Drive,

(((20000009761 3)))

((H20000009761 3))

Lakeland, Florida 33801, and the name of the initial registered agent of the Company at that office is David D. Hallock, Jr.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Members of the Company has executed these Articles of Organization this 9th day of January, 2020.



DAVID D. HALLOCK, JR.

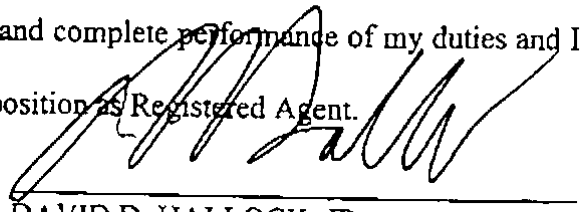
**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Company is 519 N. KENTUCKY AVE, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

DAVID D. HALLOCK, JR.
One Lake Morton Drive
Lakeland, Florida 33801

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.



DAVID D. HALLOCK, JR.
Date: January 9, 2020

((H20000009761 3))