

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.

(((H20000042824 3)))



H200000428243ABCW

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 : SHUTTS & BOWEN LLP (ORLANDO)

Account Number: 12003000004 Phone : (407)835-6769 Fax Number : (407)843-4076

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

Email	Address:	
		corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO. Addison Concord Development, LLC

· · · · · · · · · · · · · · · · · · ·	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

	2020 FEB -6	RECEI
	PM 3: 1	NED
2	N	

M MOON

FEB 07 2020

4

(((H20000042824 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ADDISON CONCORD DEVELOPMENT, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company as follows:

237 South Westmonte Drive, Suite 140 Altamonte Springs, Florida 32714

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be John Schaffer.

ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

John Schaffer 237 South Westmonte Drive, Suite 140 Altamonte Springs, Florida 32714

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 camplete 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, Florida Statutes.

Registered Agent's Signature
John Schaffer

Signature of a member or an authorized representative of a member

John Schaffer, Authorized Representative

(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 feloxy as provided for in s.817.155. Florida Statutes)

ORLDOCS 17435635 1 15084.0215

(((H20000042824 3)))

120 JAN -6 AM S