

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB -7 PM 12:46

L20000037984

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.

(((H20000043068 3)))



H200000430683ABCX

C RICO
FEB 07 2020

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 : HARROD PROPERTIES INC.
Account Number : T20200000020
Phone : (813) 229-1530
Fax Number : (813) 221-1570

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

Email Address: sminotakis@harrodproperties.com

FLORIDA LIMITED LIABILITY CO.
CHGM HIRE LOC LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
2020 FEB -7 PM 1:15
DIVISION OF CORPORATIONS

Facsimile Audit Number: H20000043068 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - NAME**CHGM HHRE LOC LLC

(Must contain the words "Limited Liability Company, "L.L.C.", or "LLC.")

ARTICLE II - ADDRESS**PRINCIPAL OFFICE ADDRESS:**CHGM HHRE LOC LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609**MAILING ADDRESS:**CHGM HHRE LOC LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**
(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

STELIOS MINOTAKIS
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB - 7 PM 12:46

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)

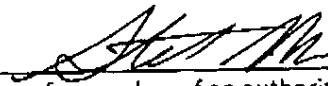
(CONTINUED)

Facsimile Audit Number: H20000043068 3

Facsimile Audit Number: H20000043068 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.****TITLE:**

"AMBR"=AUTHORIZED MEMBER

"MGR" = MANAGER

NAME AND ADDRESS:AMBRCHADWICK HARRODAMBRROBERT WEBSTERAMBRPATTI BENNETTAMBRJACK KELLEYAMBRGRAHAM MAVAR**ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:**(OPTIONAL)**REQUIRED SIGNATURE:**

Signature of a member of an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

STELIOS MINOTAKIS

TYPE OF PRINTED NAME OF SIGNED

Facsimile Audit Number: H20000043068 3