

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.

(((H20000049237 3)))



H200000492373ABC.

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 : BARNETT, BOLT, KIRKWOOD, LONG, KOCHE & FOSTER

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

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

Email Address: sosfilings@barnettbolt.com

FLORIDA LIMITED LIABILITY CO.

Fourth Generation Benefits, LLC

Certificate of Status	Linear was a representational and a first a factorial and a fa
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

H20000049237

ARTICLES OF ORGANIZATION OF FOURTH GENERATION BENEFITS, LLC

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles Organization:

ARTICLE 1

Name

The name of this limited liability company is Fourth Generation Benefits, LLC (hereafter, the "Company").

ARTICLE 2

Effective Date

This Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3

Mailing Address and Principal Office

The mailing address and the street address of the principal office of the Company is 3690 W. Gandy Blvd., Suite 199, Tampa, FL 33611.

H20000049237

8132516711

ARTICLE 4

Initial Registered Office and Agent

The street address of the initial registered office of this Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of this Company at that address is Michael D. Miller.

ARTICLE 5

Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company within the meaning of Section 605.0102(39) of the Act. The name and address of the initial manager are:

Tyler Kosloske 3690 W. Gandy Blvd. Suite 199 Tampa, FL 33611

ARTICLE 6

Indemnification

The Company shall indemnify its manager and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on the 12th day of February, 2020.

MICHAEL D. MILLER, Authorized Representative

20 FEB 12 PM 3:

3/4

H20000049237

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OF FOURTH GENERATION BENEFITS, LLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is Fourth Generation Benefits, LLC.
- 2. The name and address of the registered agent and office are:

Michael D. Miller 601 Bayshore Boulevard, Suite 700 Tampa, Florida 33606

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, Florida Statutes.

Dated: February /2, 2020.

MICHAEL D. MILLER

2020 FEB 12 PM 3: 2