# L2000066740

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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2020 HAR -3 AM 9: 16 SECRETARY OF STATE SEARLASIASSEE, FL

20 H.B. -3 -3 -10 H.J

N CULLIGAN

### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/3/2020		**WALK IN**
ENTITY NAME 30328 CL	EARWATER FL LLC	
DOCUMENT NUMBER_		
DOCUMENT NOTICES	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXX	Certified Copy	
	Certificate of Status	<del></del>
** <i>PL</i>	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	PN	
NUMBER OF CERTIFICATE	ES REQUESTED	
TOTAL OWED \$155.00	ACCOUNT #: I2016000007	2

#### COVER LETTER

	lew Filing Section Division of Corporations		
CHID TECC	30328 Clearwater FL LLC		
SUBJECT		Limited Liabi	lity Company
The enclos	sed Articles of Organization and fee(s	) are submitted	for filing.
Please reti	em all correspondence concerning this	matter to the	following:
	Samantha R. Podlas		
		Name o	Person
	Barclay Damon LLP		
		Firm/Co	ompany
	200 Delaware Ave., Suite 1200		
		Add	ress
	Buffalo, NY 14202		
	spodlas@barclaydamon.com	City/State ar	d Zip Code
•		sed for future	annual report notification)
For further i	nformation concerning this matter, plo	ease call:	
	Samantha R. Podlas	716 (	858-3749
	Name of Person		Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	_	Certifi	on Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## FILED

2020 MAR -3 AM 9: 16

## ARTICLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
20220 Cl				
30328 Clearwater FL		d Liabilini Company	, "L.L.C.," or "LLC.")	
(MBSI CONII	in the words Limite	a Liability Company	, L.L.C., or LLC. )	
ARTICLE II - Address:				
The mailing address and street ac	idress of the principal	office of the Limite	l Liability Company is:	
Princips	al Office Address:		Mailing Address:	
c/o 100 Public Square	:	c/a	100 Public Square	
Somerset, KY 42501		Sor	nerset, KY 42501	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannol serve as its ov	vn Registered Agent.	You must designate an individual (	or
The name and the Florida street a	ddress of the register	ed agent are:		
	United Corporate S	Services, Inc.		
		Name		
	9200 South Dadela	nd Blvd., Ste. 508		
	Florida street addre	ess (P.O. Box <u>NOT</u> a	cceptable)	
	Miami	FL	33156	
	City	State		

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)

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	Dematrice E. Horactus
MGR	Demetrios E. Hascotes c/o 100 Public Square
	Soinerset, KY 42501
attraction of the second	
(Use attachment if necessary)	
LEV: Effective date, if other tha	n the date of filing: (OPTIONAL)
LEV: Effective date, if other that fective date is listed, the date m of filing.)	ust be specific and cannot be more than five business days prior to or 90 c
LEV: Effective date, if other that fective date is listed, the date in of filing.)  If the date inserted in this block of	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be
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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)