

L20000070834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

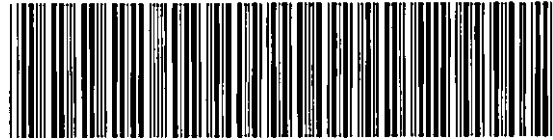
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000341685910

000341685910
03/06/20--01001--014 **375.00

2021 MAR 16 PM12:02
SECRETARY OF STATE
TALLAHASSEE, FL

2014-03-11 10:00 AM

FILED

N. C. H. H. H.

MAR 16 2021

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/6 Glinda

- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LLC _____

1. MS 58, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED

2020 MAR 16 PM 12:02

**ARTICLES OF ORGANIZATION
FOR
MS 58, LLC**

SECRETARY OF STATE
TALLAHASSEE FL

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: MS 58, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

Mailing Address:	Physical Address:
PO Box 279	2340 Sydney Dover Road
Dover, FL 33527	Dover, FL 33527

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

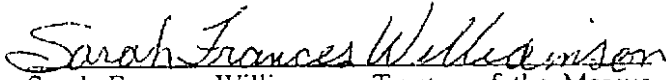
The address of the initial registered office of the Company in the State of Florida is One Lake Morton Drive, Lakeland, Florida 33801, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV — MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Marcus Glenn Williamson and Sarah Frances Williamson, Trustees
of the Marcus Glenn Williamson and Sarah Frances Williamson
Management Trust dated December 26, 2012, as amended
PO Box 279
Dover, FL 33527

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 5 day of March, 2020. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Sarah Frances Williamson, Trustee of the Marcus
Glenn Williamson and Sarah Frances Williamson
Management Trust dated December 26, 2012, as
amended, Organizer

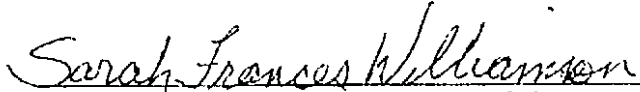
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

MS 58, LLC
2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire
One Lake Morton Drive
Lakeland, Florida 33801


Sarah Frances Williamson, Trustee of the Marcus
Glenn Williamson and Sarah Frances Williamson
Management Trust dated December 26, 2012, as
amended, Organizer

3/5/2020
DATE

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.



KEITH C. SMITH, ESQUIRE

3/5/2020
DATE

7:13:30

2020 MAR 16 PM 12:02

SECRETARY OF STATE
RECEIVED