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# L200000093906

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((H200000943123)))



H200000943123ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HARPOD PROPERTIES INC.  
Account Number : F20200000020  
Phone : (813)229-1500  
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: dvorrico@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
ORRICO STRATEGIC CONSULTING, LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

ORRICO STRATEGIC CONSULTING, LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

ORRICO STRATEGIC CONSULTING, LLC  
3328 THISTLEDOWN LN  
LAND O' LAKES, FL 34638

MAILING ADDRESS:

ORRICO STRATEGIC CONSULTING, LLC  
3328 THISTLEDOWN LN  
LAND O' LAKES, FL 34638

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:

DONALD ORRICO  
3328 THISTLEDOWN LN  
LAND O' LAKES, FL 34638

Having been named as registered agent and to accept service of process for the above state 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)

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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:

AMBR

DONALD ORRICO

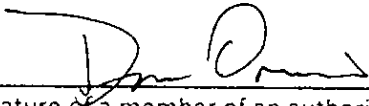
3228 THISTLE DOWN LN

LAND O' LAKES, FL 34638

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.

DONALD ORRICO

TYPE OF PRINTED NAME OF SIGNED

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