

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

L20000103756

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.

(((H20000111619 3)))



H200001116193ABCV

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 : BARRON & REDDING, P.A.
Account Number : 073617000710
Phone : (850) 785-7454
Fax Number : (850) 785-2999

2020 APR 16 AM 10:18
•Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BRE INVESTMENT PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Fax Audit No. H20000111619 3**ARTICLES OF ORGANIZATION FOR
BRE INVESTMENT PROPERTIES, LLC****ARTICLE I
NAME**

The name of the limited liability company is **BRE Investment Properties, LLC**

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:


Principal Office Address
3741 Promontory Point
Louisville, TN 37777

Mailing Address
P.O. Box 343
Louisville, TN 37777

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent is Barron & Redding, PA, 220 McKenzie Avenue, Panama City, FL 32401.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.


Holly K. Melzer
Authorized Representative

**ARTICLE IV
MEMBERS**

The name and address of the Members are as follows:

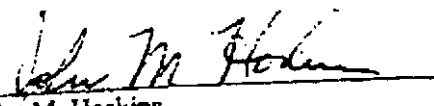
President:
John M. Hoskins
P.O. Box 343
Louisville, TN 37777

Fax Audit No. H20000111619 3

Fax Audit No. H20000111619 3

Vice President:
Karen M. Hoskins
P.O. Box 343
Louisville, TN 37777

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third-degree felony as provided for in Section 817.155, F.S.


John M. Hoskins
President

Fax Audit No. H20000111619 3