

**L20000109343**

**Florida Department of State  
Division of Corporations  
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(((H20000118373 3)))



H20000118373ABCZ

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To:

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

From:

Account Name : HARROD PROPERTIES INC.  
Account Number : I20200000020  
Phone : (813) 229-1500  
Fax Number : (913) 221-1570

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Email Address: kdenorcy@harrodproperties.com

**FLORIDA LIMITED LIABILITY CO.  
HHRE SPRING CREEK LLC**

Certificate of Status	1
Certified Copy	0
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APR 21 2023

Facsimile Audit Number: H20000118373 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**HHRE SPRING CREEK LLC

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

**ARTICLE II - ADDRESS**PRINCIPAL OFFICE ADDRESS:HHRE SPRING CREEK LLC  
5550N W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609MAILING ADDRESS:HHRE SPRING CREEK LLC  
5550N W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609**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:

STELIOS MINOTAKIS  
5550N W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 336092020 APR 23 PM 2:33  
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TALLAHASSEE, FL

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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)

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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

CHADWICK HARROD USE PRINCIPAL OFFICE ADDRESS

AMBR

ROBERT WEBSTER USE PRINCIPAL OFFICE ADDRESS

AMBR

PATTI BENNETT USE PRINCIPAL OFFICE ADDRESS

AMBR

JACK KELLEY USE PRINCIPAL OFFICE ADDRESS

**ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:**

REQUIRED SIGNATURE:

(OPTIONAL)



Signature of a member or an authorized representative of a member

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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.

STELIOS MINOTAKIS

TYPE OF PRINTED NAME OF SIGNED

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