

04/30/2020 2:53PM FAX  
04/27/2020 12:25PM FAX

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Address 18506178381  
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Start Time 04/27 12:23 PM  
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Result OK

4/27/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2020 APR 30 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

From: Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

\*\*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.  
CAMPBELL US 52 PROPERTY, L.L.C.

Certificate of Status	0
Certified Copy	0

2002/1/5  
MRS

4/27/2020

Division of Corporations

*Second Submission*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000122683 3)))

*Please date 4/27/2020*



H200001226833ABCV

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Special Agent in Charge  
TALLAHASSEE, FLORIDA

2020 APR 30 AM 11:04

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2020 APR 30 PM 4:20

FLORIDA LIMITED LIABILITY CO.  
CAMPBELL US 52 PROPERTY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

*Second Submission*  
*Please date April 27, 2020*

Audit Fax No: 120000122ce83

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CAMPBELL US 52 PROPERTY, L.L.C.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**1245 COURT STREET  
CLEARWATER, FL 33756**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Alan S. Gassman  
1245 Court Street  
Clearwater, FL 33756**

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TALLAHASSEE, FLORIDA

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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

120000122ce83

Audit Fax No: H20000122683

**ARTICLE IV - Members and Managers:**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	FRANK P. RIPA 1245 COURT STREET CLEARWATER, FL 33756
MGR	JOSEPH C. LAFACE 1245 COURT STREET CLEARWATER, FL 33756

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**ARTICLE V - Effective Date:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five (5) business days prior to or ninety (90) days after the date of filing.)

**ARTICLE VI - Other provisions, if any.**

**Written Operating Agreement**

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

Audit Fax No: #20000122683

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ALAN S. GASSMAN, AUTH. REP

Type or printed name of signee

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#20000122683