

**L20000180962**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**

**Goat Island LLC**

Certificate of Status	#1
Certified Copy	1
Page Count	03
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Articles of Organization for  
Goat Island LLC,  
a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I

Name

The name of this company shall be Goat Island LLC.

ARTICLE II

Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address of the principal office of this company is P.O. Box 1364, Auburndale, FL 33823. The street address of the principal office of this company is 505 Avenue A NW, Suite 219, Winter Haven, FL 33881.

ARTICLE IV

Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state is as follows: John W. Strang, 505 Avenue A NW, Suite 219, Winter Haven, FL 33881.

ARTICLE V

Management

The company is to be a manager-managed company.

ARTICLE VI

Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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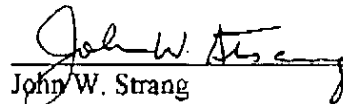
Article VII

Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	John W. Strang Post Office Box 1364, Auburndale, FL 33823
Manager	Carl J. Strang, III Post Office Box 1364, Auburndale, FL 33823

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 2<sup>nd</sup> day of July, 2020.

  
\_\_\_\_\_  
John W. Strang

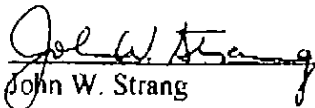
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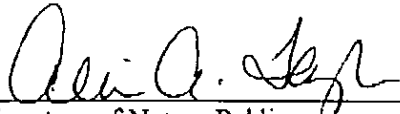
STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for Goat Island LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

  
John W. Strang

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 2<sup>nd</sup> day of July, 2020, by John W. Strang.

  
Signature of Notary Public  
Alison A. Taylor  
Printed, typed, or stamped commissioned  
Name of Notary Public

Personally known ☒ or produced identification \_\_\_\_  
Type of identification produced: \_\_\_\_\_



ALISON A. TAYLOR  
Commission # GG 926509  
Expires December 7, 2023  
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