

L20000206599

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.

((H20000238372 3)))



H200002383723ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2020 JUL 22 PM 4:52

DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

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

From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : 119990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 22 AM 11:02

FILED

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

Email Address: md@gdr-law.com

**FLORIDA LIMITED LIABILITY CO.
HAINES CITY DEVELOPMENT, LLC**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAINES CITY DEVELOPMENT, LLC

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

ARTICLE II - Address:

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

Principal Office Address:8144 OKEECHOBEE BLVD., SUITE B
WEST PALM BEACH, FL 33411Mailing Address:8144 OKEECHOBEE BLVD., SUITE B
WEST PALM BEACH, FL 33411

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KATARINA SCHICKEDANZ

Name

8144 OKEECHOBEE BLVD., SUITE BFlorida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33411

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 22 AM 11:02

FILED

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.

Katarina Schickedanz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H20000238372 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR

DANZOFF LLC
 8144 OKEECHOBEE BLVD., SUITE B
 WEST PALM BEACH, FL 33411

MGR

VINCENT JACKSON
 3715 E 7TH AVENUE
 TAMPA, FL 33605

2020 JUL 22 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:***Katarina Schickedanz*

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

This document is executed in accordance with section 605.0203 (1) (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.

Katarina Schickedanz

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(((H20000238372 3)))