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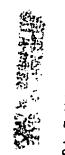
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALLAHIASSEE, FL

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A C: ... AUG - 0 1...J

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

US-OFFSITE FUND,	LLC			
	<del></del>			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		ļ		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		ļ	·	Art, of Amend, File
		ŀ		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<del></del>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			<del></del>	Fictitious Owner Search
				Vehicle Search
	<del>-</del> <b></b>		<del></del>	Driving Record
Requested by: SETH	07/30/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC    Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

### **COVER LETTER**

TO:	New Filing Sec Division of Co				
SUBJE		ITE FUND, LLC			
30836	CI	Nam	e of Limited L	ability Company	
The enc	losed Articles of	Organization and f	ee(s) are subm	itted for filing.	
Please re	eturn all corresp	ondence concerning	this matter to	the following:	
	RICKY HU	FF, ESQ.			
		-	Nam	e of Person	<del></del>
	PLG LAW				
			Firm	/Company	
	1744 N BEL	.CHER ROAD, SU	ITE 150		
			-	Address	
	CLEARWA	TER, FL 33765			
	PICKA DI A	CLANDVED COM	City/Stat	e and Zip Code	
		GLAWYER.COM	he used for fut	ire annual report notifica	tion)
F 6 4L -				ne amidas report notificas	non)
ror turtne	r information co	oncerning this matte	r, please call:		
	RICKY HUF	F	727 _at (	726-1514	
	Narr	ne of Person	Area Coo	le Daytime Telephor	ne Number
Enclosed	is a check for t	he following amour	it:		
<b>■\$</b> 125.	00 Filing Fee	□\$130.00 Filing Certificate of Sta	itus Co	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	ng Address		Street Address	
		iling Section		New Filing Section D	
		on of Corporations sox 6327		The Centre of Tailah	
		assee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

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

FILED

ARTICLE I - Name	ΑF	۲ſ	IC	LE	I -	Na	me
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The name of the Limited Liability Company is:

2020 JUL 31 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FL

US-OFFSITE FUND, 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:

Frincipal Office Address:	Mailing Address:
703 HARBOR ISLAND	703 HARBOR ISLAND
CLEARWATER, FL 33767	CLEARWATER, FL 33767

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:

RICKY HUFF, ESQ.		
	Name	
1744 N BELCHER R	OAD, SUITE 150	
Florida street address	(P.O. Box NOT ac	eceptable)
CLEARWATER	<u>FL</u>	33765
City	State	Zip

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)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	STEVE S ANDERSON 703 HARBOR ISLAND CLEARWATER, FL 33767
	SE 202
	SECRETARY OF STATIONAL PROPERTY OF STATIONAL
	—————————————————————————————————————
	Sign A
(Use attachment if necessary)	
• •	5.60
if an effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	t meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departme	nt of State's records.
ARTICLE VI: Other provisions, if any.	
THE PURPOSE OF THE COMPANY IS TO I	BE A OUALIFIED OPPORTUNITY FUND TO MAKE
INVESTMENTS IN BUSINESSES AND PRO OUALIFIED UNDER THE TAX CUTS AND	PERTY THAT ARE IN OPPORTUNITY ZONES AND ARE JOBS ACT OF 2017 AND I.R.C. \$1400Z FOR TAX TREATMENT
THE TANK COTT TINE	JOBS ACT OF 2017 AND TR.C. 81400Z FOR TAX TREATMENT
REOUIRED SIGNATURE:	
Signature of a	member of an authorized representative of a member.
I am aware that any fa	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u>RICKY HUFF</u>	
	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)