

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6361

From:

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

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

Email Address: SMINOTAKIS@HARRODPROPERTIES.COM

FLORIDA LIMITED LIABILITY CO.
DH INVESTCO III, LLC

Certificate of Status	0
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D O'KEEFE
AUG 20 2020

Facsimile Audit Number: **H20000287087****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**DH INVESTCO III, LLC

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

ARTICLE II - ADDRESSPRINCIPAL OFFICE ADDRESS:DH INVESTCO III, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609MAILING ADDRESS:DH INVESTCO III, LLC
5550 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
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Facsimile Audit Number: **H20000287087**

Facsimile Audit Number: **H20000287087**

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 W. HARROD
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609


MGR

PATTI A. BENNET
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

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

(OPTIONAL)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

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.

CHADWICK W. HARROD

TYPE OF PRINTED NAME OF SIGNED

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TALLAHASSEE, FLORIDA

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