2020-18 **:4 CST** 16082372432 From: David Griswold

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5117wpoeave@gmail.com Email Address:

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FLORIDA LIMITED LIABILITY CO. 5117 W Poe Ave LLC

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H20000326225 3 FAX AUDIT#

ARTICLES OF ORGANIZATION 5117 W Poe Ave LLC

ARTICLE I

NAME

The name of the limited liability company is: 5117 W Poe Ave LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 5117 W Poe Ave, Tampa, Florida 33629.

INITIAL REGISTERED AGENT & STREET ADDRESS ARTICLE III

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

Date: September 18, 2020

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is: Lisa Freeman, 5117 W Poe Ave, Tampa, Florida 33629

FAX AUDIT # __H20000326225 3

FAX AUDIT#_	H20000326225 3				
ARTICLE V	DURATION				
The duration for the	he limited liability co	ompany shall be: Perp	petual.		
Lisa Freeman, Org	ganizer		Date:	9/18/2020	
Authorized Repre	sentative				
constitutes an affirmation aware that any fi	ection 605,0203 (1) (b), Faction under the penalties of also information submitted gree felony as provided for	of perjury that the facts st d in a document to the D	ated herein	are true.	

FILED
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