

Division of Corporations

Page 1 of 1

L20000290445

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.

(((H20000330380 3)))



H200003303803ABCT

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

To:

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

From:

Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813) 228-1500
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: KDENORCY@HARRODPROPERTIES.COM

FLORIDA LIMITED LIABILITY CO.
HHRE Partners SA Sonterra IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

D. C. K. 2020

SEP 23 2020

FILED

20 SEP 22 PM 6:27

L2J SEP 22 PM 2:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Facsimile Audit Number: H20000330380**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**HHRE Partners SA Sonterra IV, LLC

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

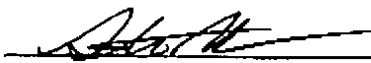
ARTICLE II - ADDRESSPRINCIPAL OFFICE ADDRESS:HHRE Partners SA Sonterra IV, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609MAILING ADDRESS:HHRE Partners SA Sonterra IV, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S 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
20 SEP 22 PM 6:27
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: H20000330380

Facsimile Audit Number: H20000330380

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

AMBR

ROBERT WEBSTER
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AMBR

GRAHAM MAVAR
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AMBR

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

AMBR

JACK KELLEY
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.

JACK KELLEY

TYPE OF PRINTED NAME OF SIGNED

SEP 22 2020
 2:46 PM
 DEPT OF STATE
 TALLAHASSEE, FLORIDA