

**L20000305669**

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: kdenorcy@harrodproperties.com

**FLORIDA LIMITED LIABILITY CO.  
HHRE OC GROUP I, LLC**

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Corporate Filing Menu

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*9/10-8*

Facsimile Audit Number: **H20000349836****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**HHRE OC GROUP I, LLC

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

**ARTICLE II - ADDRESS**PRINCIPAL OFFICE ADDRESS:HHRE OC GROUP I, LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609MAILING ADDRESS:HHRE OC GROUP I, 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 33609

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: **H20000349836**

2020 OCT -7 PM 12:58

FILED

Facsimile Audit Number: H20000349836**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:

MGR

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

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

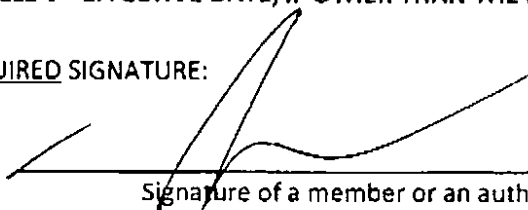
PATTI BENETT  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

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

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