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(((H20000356902 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ROCKE MCLEAN & SBAR

Account Number : I20080000020

Phone

: (813)769-5600

Fax Number

: (813)769-5601

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

Email Address: steve__redwine@yahoo.com

FLORIDA LIMITED LIABILITY CO.

145-155 TPR, LLC

| Certificate of Status | * 1 |
|-----------------------|-----------------------|
| Certified Copy | 0 |
| Page Count | 02 3 |
| Estimated Charge | \$125.00 - |

CET 1 5 2020

T. SCOTT

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October 14, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

ROCKE MCLEAN & SBAR

SUBJECT: 145-155 TPR, LLC

REF: W20000118250

We have received your document for 145-155 TPR, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II FAX Aud. #: H20000356902 Letter Number: 120A00020255

(((H2000003569023))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | Ĭ- | Na | me: |
|---------|----|----|-----|
|---------|----|----|-----|

The name of the Limited Liability Company is:

145-155 TPR, 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:

Principal Office Address:

Mailing Address:

Odessa, FL 33556

Odessa, FL 33556

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:

Dax Nelson, P.A.

Name

2309 S. MacDill Avenue, Suite 102

Florida street address (P.O. Box NOT acceptable)

 Tampa
 FL
 33629

 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)

2020 OCT 14 AM 10: 29

(((H200000356902 3)))

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGMR | Steven L. Redwine |
| | 16010 Royal Aberdeen Place |
| | Odessa, FL 33556 |
| MGMR | Pamola C. Redwine |
| | 16010 Royal Aberdeen Place |
| | Odessa, FL 33556 |
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| (Use attachment if necessary) | |
| CLEV: Effective data if other than the data | of filing: 10/13/2020 (OPTIONAL) |
| effective date is listed, the date must be an | ecific and cannot be more than five business days prior to or 90 days after |
| te of filing.) | active and cannot be more than five business days prior to or 90 days after |
| | neet the applicable statutory filing requirements, this date will not be listed a |
| cument's effective date on the Department | of State's records. |
| · | |

L. Redevise Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (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.

Steven L. Redwine

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 5.00 Certificate of Status (Optional)

REQUIRED SIGNATURE: