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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. 1506G, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020-11-10 21:20.06 (GMT)

The name of the Limited Liabi		
1506G, LLC		
(Must en	d with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street	address of the principal offic	e of the Limited Liability Company is:
Prince	pal Office Address:	Mailing Address:
4321 West Neptur	ne St.	4321 West Neptune St.
Tampa, FL 33629		Tampa, FL 33629
ARTICLE III - Registered A	rent. Registered Office. &	Registered Agent's Signature:
(The Limited Liability Comparently with a second with a second control of the con	ny cannot serve as its own Re n active Florida registration.)	
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered as	gistered Agent. You must designate an individual
(The Limited Liability Comparently with a second with a second control of the con	ny cannot serve as its own Renactive Florida registration.) et address of the registered ag	egistered Agent. You must designate an individual
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered as CPA	egistered Agent. You must designate an individual ent are: A Partners, LLC
ARTICLE III - Registered A (The Limited Liability Computation business entity with a The name and the Florida street	ny cannot serve as its own Ren active Florida registration.) et address of the registered as  CPA  8200 t	egistered Agent. You must designate an individual  cent are: A Partners, LLC

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..

City

Jessice Martin CPA Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

Page 1 of Z

Title:		Same on	d Address:		
	thorized Member				
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- \$ 5.00 Certificate of Status (Optional)

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