

L20000364754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

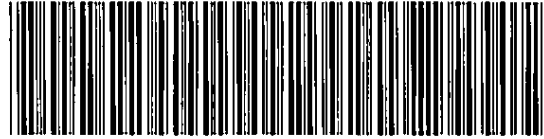
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400355820104

12/02/20--01009--001 \*\*125.00

RECEIVED  
2020 DEC -2 AM 9:04  
2020 DEC -2 AM 9:28  
JAN 1 2021

J DENNIS  
DEC 02 2020

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: San Jose Project 1, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh Podolsky

\_\_\_\_\_  
Name of Person

Phelps Dunbar LLP

\_\_\_\_\_  
Firm/Company

100 S. Ashley Drive, Suite 2000

\_\_\_\_\_  
Address

Tampa, Florida 33602

\_\_\_\_\_  
City/State and Zip Code

josh.podolsky@phelps.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Josh Podolsky

813

598-6201

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327

### Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2 AM 9:26

ARTICLE I - Name:

The name of the Limited Liability Company is:

San Jose Project 1, 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:

5131 W. San Jose Street

Tampa, Florida 33629

Mailing Address:

5131 W. San Jose Street

Tampa, Florida 33629

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:

Paracorp Incorporated

Name

155 Office Plaza Drive, 1st Floor

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

Tallahassee

Florida

32301

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..*



Jody Moua, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address

0330 DEC -2 AM 9:28

100%  
100%  
100%

(Use attachment if necessary)

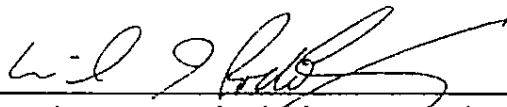
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Josh Podolsky, Authorized Representative

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)

\$ 5.00 Certificate of Status (Optional)