

Division of Corporations

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L20000376386

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000421286 3)))



H200004212863ABCZ

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

From: Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813)229-1500
Fax Number : (813)221-1570

2020 DEC -9 PM 4:45

2020 DEC -9 AM 10:33

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
kdenorcy@harrodproperties.com
Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HP QB1 Investments, LLC**

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

**DEC 10 2020
T. SCOTT**

Facsimile Audit Number: **H20000421286****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**HP QB1 INVESTMENTS, LLC

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

ARTICLE II - ADDRESS**PRINCIPAL OFFICE ADDRESS:**HP QB1 INVESTMENTS, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609**MAILING ADDRESS:**HP QB1 INVESTMENTS, 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
2020 DEC -9 AM 10:34
STATE
OF 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: **H20000421286**

Facsimile Audit Number: H20000421286**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

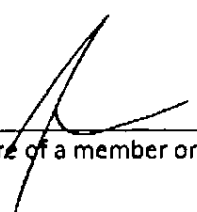
AMBR

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

TYPE OF PRINTED NAME OF SIGNEE