

2/3/2021

Division of Corporations

L2100004786352

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: mrobbins@shumaker.com

**FLORIDA LIMITED LIABILITY CO.
RSA HOOVER MANAGER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
RSA HOOVER MANAGER, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is RSA HOOVER MANAGER, LLC.

ARTICLE II – Address:

The street and mailing address of the principal office of the Limited Liability Company is:

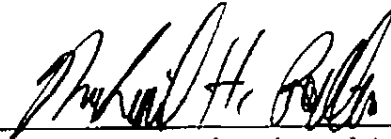
1810 Kennedy Boulevard
Tampa, FL 33606

ARTICLE III – Registered Agent and Office

The name and the Florida street address of the registered agent are:

Michael H. Robbins
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Signature of Registered Agent

ALLAHABAD, FL 33606

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ARTICLE IV - Management

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

Title	Name and Address
MGR	Samuel R. Linsky 1810 Kennedy Boulevard Tampa, FL 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 3rd day of February 2021.



Signature of an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes)

Samuel R. Linsky
Typed or printed name of signee

FILED
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