

Division of Corporations

L21000053104**Florida Department of State
Division of Corporations
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(((H21000057032 3)))



H210000570323ABCU

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To: Division of Corporations
Fax Number : (850) 617-6391

From: Account Name : HARROD PROPERTIES INC.
Account Number : 120200000020
Phone : (813) 229-1500
Fax Number : (813) 221-1570

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

Email Address: kdenorcy@harrodproperties.com

**FLORIDA LIMITED LIABILITY CO.
HHRE LM GROUP I LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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FILED
2021 FEB 10 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RESIGNED

2021 FEB 10 AM 11:44

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Corporate Filing Menu

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T. BURCH
FEB 11 2021

Facsimile Audit Number: H21000057032

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

HHRE LM GROUP I LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

HHRE LM GROUP I LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

MAILING ADDRESS:

HHRE LM GROUP I 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 33609

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TALLAHASSEE, FLORIDA

FILED

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: **H21000057032****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

"AR" = AUTHORIZED REPRESENTATIVE

NAME AND ADDRESS:

MGR

HARROD DEVELOPMENT, INC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

CHADWICK HARROD
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

ROBERT WEBSTER
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

GRAHAM MAVAR
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

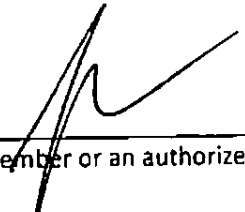
AR

PATTI BENETT
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

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

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