

# L21000184252

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

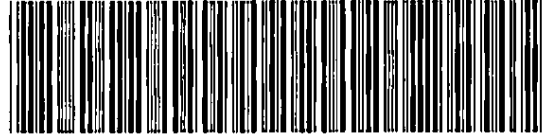
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2021 APR 28 AM 9:54  
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21 APR 28 PM 3:16

4/29/21

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date:

4-28-21

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO  
DEDUCT FROM ACCOUNT

\$ 155.00

Corporation Name:

Siena 217, LLC

Email Address:

Entity Number:

Authorization:

Kim Pullen

X

Certified Copy

\_\_\_\_\_ Certificate of Status

X

New Filings

\_\_\_\_\_ Plain Stamped Copy

\_\_\_\_\_ Annual Report

\_\_\_\_\_ Fictitious Name

\_\_\_\_\_ Amendments

\_\_\_\_\_ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client 42124

Matter 93254

Name D. Mackey

Office TPA

2501616

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SECRETARY OF STATE  
TALLAH-SEE, FL

**ARTICLES OF ORGANIZATION  
OF  
SIENA 217, LLC**

The undersigned, as the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I**

**Name**

The name of the Company is Siena 217, LLC.

**ARTICLE II**

**Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 1601 McCloskey Boulevard, Tampa, Florida 33605.

**ARTICLE III**

**Initial Registered Agent and Office**

The street address of its initial registered office of the Company is 1601 McCloskey Boulevard, Tampa, Florida 33605, and the name of its initial registered agent at that address is Richard A. Barkett.

**ARTICLE IV**

**Authorized Representative**

The name and address of the authorized representative of the organizing member of the Company are:

<u>Name</u>	<u>Address</u>
Richard A. Barkett	1601 McCloskey Boulevard Tampa, Florida 33605

**ARTICLE V**  
**Organizing Member**

The name and address of the organizing member are:

Name

Address

Marie F. Barkett

1601 McCloskey Blvd.  
Tampa, Florida 33605

Dated this 28<sup>th</sup> day of April 2021.

*Richard Barkett*

\_\_\_\_\_  
Richard A. Barkett  
Authorized Representative

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 28<sup>th</sup> day of April 2021.

REGISTERED AGENT:

By: Richard Barkett  
Richard A. Barkett

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SECRETARY OF STATE  
TALLAHASSEE, FL

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