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## Florida Department of State

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(((H21000207721 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

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.

kdenorcy@harrodproperties.com Email Address:

FLORIDA LIMITED LIABILITY CO. HP PARTNERS BROOKER CREEK V LLC

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Facsimile Audit Number: H21000207721

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE ! | i - I | NA | ME |
|-----------|-------|----|----|
|-----------|-------|----|----|

HP PARTNERS BROOKER CREEK V LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HP PARTNERS BROOKER CREEK V LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

HP PARTNERS BROOKER CREEK VILLO

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** 

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: H21000207721

Facsimile Audit Number: H21000207721

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

| TITLE:   | NAME AND ADDRESS:   |
|--|---|
| "MGR"=MANAGER<br>"AR" = AUTHORIZED REPRE   | SENTATIVE   |
| The state of the s | SERVINE   |
|  | HARROD DEVELOPMENT, INC                                     |
| MGR  | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
|  | CHADWICK HARROD   |
| AR   | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
|  | ROBERT WEBSTER  |
| AR   | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
|  | GRAHAM MAVAR  |
| AR   | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
|  |   |
| AR   | PATTI BENETT  |
| <b>7</b> "   | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
|  | JACK KELLEY   |
| AR   | 5550 W. EXECUTIVE DRIVE, SUITE 550                          |
|  | TAMPA, FL 33609   |
| ARTICLE V - EFFECTIVE DATE, IF OT  | HER THAN THE DATE OF THIS FILING:                           |
| $\Lambda$  | (OPTIONAL)  |
| REQUIRED SIGNATURE:  |   |
|  |   |
| Signature of a men   | mber or an authorized representative of a member            |
| //   |   |
| This document is executed in   | accordance with section 605.0203 91) (b), Florida Statures. |
| ram aware that any false info  | ormation submitted in a document to the Department of State |
| constitutes a third degree fel   | ony as provided for in s.817.155, F.S.                      |
|  |   |

TYPE OF PRINTED NAME OF SIGNEE

JACK KELLEY