

**L21000224485308**

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

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
2780 Stanley Creek Rd LLC**

Certificate of Status	1
Certified Copy	1
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2021 JUN -7 AM 9:28  
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

2780 STANLEY CREEK RD LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

134 8th Street, North
St. Petersburg, FL 33701

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

134 8th Street, North
St. Petersburg, FL 33701

ARTICLE IV - Management

The Company shall be managed by its members, and is thus a member-managed limited liability company.

ARTICLE V - Registered Agent and Office and Registered Agent's Signature

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

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue
Suite 1600 (BMJ)
Orlando, Florida 32801

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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO
By: [Signature]
(Registered Agent's Signature)
[Signature] Vice President

[Signature]
Signature of a member or an authorized representative of a member.
Brian M. Jones, Esquire, as Authorized Representative

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(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 s 317.155, Florida Statutes)

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