

Division of Corporations

Page 1 of 1

**L21000306293**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000254613 3)))



H210002546133ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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.\*\*

Email Address: kdenorcy@harrodproperties.com

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 30 PM 12:04

FILED

FLORIDA LIMITED LIABILITY CO.  
Tarpon Bay V LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

*[Handwritten signature]*  
6/30/21

Facsimile Audit Number: H21000254613

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

TARPON BAY V LLC

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

## ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:TARPON BAY V LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609MAILING ADDRESS:TARPON BAY V LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609ARTICLE 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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 30 PM 12:04

FILED

Facsimile Audit Number: H21000254613

Facsimile Audit Number: H21000254613

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TITLE:

"MGR"=MANAGER

"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:

REQUIRED SIGNATURE:

(OPTIONAL)

  
 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

Facsimile Audit Number: H21000254613

2021 JUN 30 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED