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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVERLETTER

| TO: | New Filing Sec Division of Cor | | | | |
|------------|--|--|----------------|---|---|
| | | ver Manors, LLC | | | |
| SUBJEC | <u>. </u> | Name of | Limited Liab | ility Company | |
| The incl | aved Articles of | Organization and fee(s) | are submitte | ed for filing. | |
| | | ondence concerning this | | | |
| | John Ainswo | | | S | |
| | | , rui, t.sq. | Name o | of Person | |
| | Ainsworth & | c Clancy, PLLC | | | |
| | | | Firm/C | ompany | |
| | 801 Brickell | Ave., 8th Floor | | | |
| | | | Ado | iress | |
| | Miami, Flori | ida 33131 | | | |
| | | | City/State a | ınd Zip Code | <u> </u> |
| | info@busines | s-esq.com | | | |
| | E | E-mail address: (to be u | sed for future | annual report notificati | ion) |
| For furthe | r information co | ncerning this matter, ple | ase call: | | |
| | John Ainswo | | 305 (| 600-3816 | |
| | Nam | e of Person | Area Code | Daytime Telephon | e Number |
| Fuctosed | t is a check for t | he following amount: | | | |
| _ | 00 Filing Fee | ☐\$130.00 Filing Fee Certificate of Status | Certi | 55.00 Filing Fee & fied Copy nal copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisio P.O. B | g Address iling Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | | | |
|--|-------------------------|------------------------|--|
| The name of the Limited Liability | Company is: | | |
| | | | |
| Tarpon River Manors, | LLC | | |
| (Must contai | in the words "Limited | Liability Compar | ny, "L.L.C.," or "LL.C.") |
| | | | |
| ARTICLE II - Address: The mailing address and street add | drose of the principal | office of the Limit | red Liability Company is: |
| the maning address and street add | aress of the principal | office of the Entire | co Embinity Company is. |
| Principa: | l Office Address: | | Mailing Address: |
| 2750 NW 3rd Avenue | Suite 14 | 2 | 750 NW 3rd Avenue, Suite 14 |
| Miami, Florida 33127 | | <u>N</u> | liami, Florida 33127 |
| ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac | cannot serve as its own | n Registered Aget | gent's Signature: nt. You must designate an individual or |
| The name and the Florida street a | ddress of the registere | d agent are: | |
| | Ainsworth & Clanc | y, PLLC | |
| | | Name | |
| | 801 Brickell Ave. 8 | th Floor | |
| | Florida street addre | ss (P.O. Box <u>XO</u> | Tacceptable) |
| | Miami | FL | 33131 |
| | City | State | Zip |

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..

(CONTINUED)

SECRETALY OF STATE

gary d d ow man a man d d d to d

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Membe | er |
| "MGR" = Manager | |
| MGR | The MODD Group, LLC 2750 NW 3rd Avenue, Suite 14 |
| | Miami, Florida 33127 |
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| (Use attachment if necessary) | |
| CLE V: Effective date, if other than | n the date of filing: |
| CLE V: Effective date, if other than effective date is listed, the date in | n the date of filing: |
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| CLE V: Effective date, if other than effective date is listed, the date me of filing.) If the date inserted in this block comment's effective date on the Decument's effective date on the Decument Signature: Signature This document I am aware that | does not meet the applicable statutory filing requirements, this date will not be list partment of State's records. On a member of a member of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State. |
| CLE V: Effective date, if other than effective date is listed, the date me of filing.) If the date inserted in this block comment's effective date on the Decument's effective date on the Decument Signature: Signature This document I am aware that | does not meet the applicable statutory filing requirements, this date will not be list partment of State's records. Let of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes. |
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Filing Fees:
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)