

8/9/2021

Division of Corporations

FAX SENT:

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

DATE 8-9-2021  
TIME 2:23 pm  
BY SS

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

**L210003000523ABCN**



H210003000523ABCN

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 : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA  
Account Number : I19980000066  
Phone : (813)258-1177  
Fax Number : (813)259-1106

FILED  
2021 AUG -9 AM 11:25  
FAX REFRESH/RELOAD

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

Email Address: ibeattie@hendeelaw.com

FLORIDA LIMITED LIABILITY CO.  
Queen Conch, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AUG 10 2021

T. SCOTT

2021 AUG -9 PM 2:56

Electronic Filing Menu

Corporate Filing Menu

Help

((H21000300052 3)))

**ARTICLES OF ORGANIZATION OF**

**QUEEN CONCH, LLC**

ARTICLE I-Name

The name of the limited liability company shall be Queen Conch, LLC.

ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

Street address:

4211 West Boy Scout Boulevard  
Suite 800  
Tampa, Florida 33607

Mailing Address:

Post Office Box 23787  
Tampa, Florida 33623

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.  
1700 South MacDill Avenue, Suite 200  
Tampa, Florida 33629

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 9th day of August, 2021

By: 

Signature of Member or authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

((H21000300052 3)))

FILED  
2021 AUG -9 AM 11:25  
TAMPA, FLORIDA

(((H21000300052 3)))

**REGISTERED AGENT****ACCEPTANCE OF DESIGNATION**

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, 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 the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

**REGISTERED AGENT:**

Hendee, McKernan, Schroeder, Wilkerson &  
Hendee, P.A.

By: 

Name: Lisa Wilkerson

Title: Vice President

1700 South MacDill Avenue  
Suite 200  
Tampa, Florida 33629

(((H21000300052 3)))