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Otter Pond Development, LLC

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Articles of Organization for Otter Pond Development, LLC, a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I Name

The name of this company shall be Otter Pond Development, LLC.

ARTICLE II Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III Mailing Address

The mailing address of the principal office of this company is P.O. Box 1364, Auburndale, FL 33823. The street address of the principal office of this company is 505 Avenue A NW, Suite 219, Winter Haven, FL 33881.

ARTICLE IV Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state is as follows: Carl J. Strang, III, 505 Avenue A NW, Suite 219, Winter Haven, FL 33881.

ARTICLE V Management

The company is to be a manager-managed company.

ARTICLE VI Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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Article VII Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

> **Title** Name and Address

Manager John W. Strang

Post Office Box 1364, Auburndale, FL 33823

Manager Carl J. Strang, III

Post Office Box 1364, Auburndale, FL 33823

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this /o day of August, 2021.

Carl J. Strang, III

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for Otter Pond Development, LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

Carl J. Strang,

STATE OF FLORIDA COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me this 10th day of August, 2021, by Carl J. Strang, III.

JULIA S. ADDLEMAN
MY COMMISSION # GG 223984
EXPIRES: July 29, 2023
Bonded Thru Notary Public Updeswifern

Signature of Notary Public Juna S. Addleman

Printed, typed, or stamped commissioned Name of Notary Public

Personally known X or produced identification ___.

Type of identification produced: _____