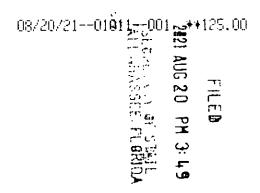
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

Divi	sion of Corp	orations					
SUBJECT:	FREEPOR	T LAND PART	NERS, L	LC			
50 202 011		Nan	ne of Lim	ited Liabi	lity Company		
The enclosed	Articles of O	rganization and	fee(s) are	submitted	for filing.		
Please return	all correspond	dence concernin	g this ma	tter to the	following:		
S.	TACY SMAI	.L					
			- ·-	Name of	Person		
Si	мітн тном	IPSON SHAW					
_	Firm/Company						
35	520 THOMA	SVILLE ROAD	- 4TH F	LOOR			
			•	Addı	ress		
T.	ALLAHASSI	EE, FL 32309					
_			Ci	ty/State ar	nd Zip Code		
	E-r	mail address: (to	be used	for future :	annual report notificat	ion)	
or further info	rmation conc	erning this matte	r, please	call:			
ST	ACY SMAL	L		50	893-4105		
	Name o	of Person	at (Ar	ea Code	_) Daytime Telephor	ne Number	
		following amou					
■\$125.00 Fi	ling Fee	□\$130.00 Filin Certificate of St		Certifi	5.00 Filing Fee & led Copy (al copy is enclosed)	□\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	
	Mailing .				Street Address		
New Filing Section			New Filing Section Division				
Division of Corporations P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Tallahassee FL 32314				Tallahassee FL 32303		

ARTICLES OF ORGANIZATION OF FREEPORT LAND PARTNERS, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is FREEPORT LAND PARTNERS, LLC (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is 1538 Metropolitan Boulevard, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is 1538 Metropolitan Boulevard, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: SUSAN S. THOMPSON; the initial registered office is located at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

7. MANAGEMENT.

The names and address of the persons authorized to manage and control the Limited Liability Company are as follows:

Charles W. Roberts, III 1538 Metropolitan Boulevard Tallahassee, Florida 32308

Angus Andrews, Jr. PO Box 405 Defuniak Springs, Florida 32435

EXECUTED at Tallahassee, Leon County, Florida this 18th day of August, 2021.

CHARLES W. ROBERS, III

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is FREEPORT LAND PARTNERS, LLC.
- 2. The name of the registered agent and office is: SUSAN S. THOMPSON, 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

SUSAN S. THOMPSON, Registered Agent

2021 AUG 20 PM 3: 49
SLC CASSEE FLORIO