

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.

(((H21000334852 3)))



H210003348523ABC

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 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 : (407)843-4600 Fax Number : (786)901-8020

Attn: Tami D. Passley

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

Empil Addrace:	mgoval@parksquarehomes.com	

# FLORIDA LIMITED LIABILITY CO.

## Ocoee Village Partners, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION OF OCOEE VILLAGE PARTNERS, LLC

## **ARTICLE I - NAME**

The name of this limited liability company is OCOEE VILLAGE PARTNERS, LLC (the "Company").

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 5200 Vineland Road, Suite 200, Orlando, Florida 32811, and the name of the initial registered agent of the Company at that address is Vishaal Gupta.

### ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the initial manager of the Company is Ocoee Village GP, LLC, 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

Vishaal Gupta, Authorized Representative

## ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Vishal Gupta

RE-FAX

850-617-6381

9/9/2021 10:01:34 AM PAGE 1/001 Fax Server



September 9, 2021

FLORIDA DEPARTMENT OF STATE

PEREZ ARCHE AN ACCOUNTING & TAX SERVICES

SUBJECT: TROPICAL FARMERS INVESTMENT LLC

REF: W21000122113

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H21000326962

Regulatory Specialist II Supervisor Letter Number: 821A00021680