Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## FLORIDA LIMITED LIABILITY CO.

## Macaroon One LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION **OF** MACAROON ONE LLC

ARTICLE I: NAME

The name of the limited liability company is Macaroon One LLC (the "LLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is 880 Carillon Parkway, St. Petersburg, FL 33716.

ARTICLE HI: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial registered agent of the LLC are:

C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization. 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 of the Florida Statutes.

C T Corporation System

Stephanie Hencz By: Stephane Hencz
Assistant Secretary
Registered Agent's Signature

ARTICLE IV: SOLE MEMBER

The name and address of the sole person authorized to manage and control the LLC:

Title

Name and Address

AMBR

Raymond James Financial, Inc. 880 Carillon Parkway St. Petersburg, FL 33716

2021-10-18 07:34:04 CST 19542080845 To: +18506176381 Page: 4 of 4 From: Kaity Toon

## REQUIRED SIGNATURE

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

> Signature of an authorized representative of the sole member

Kary Bahr
Typed or printed name of signee