

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813)229-1500
Fax Number : (813)221-1570

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

Email Address: kdenorcy@harrodproperties.com

FLORIDA LIMITED LIABILITY CO.
NORTH PASCO CORPORATE CENTER I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

NORTH PASCO CORPORATE CENTER I, LLC

(Must contain the words "Limited Liability Company," "L.L.C.", or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

NORTH PASCO CORPORATE CENTER I, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

MAILING ADDRESS:

NORTH PASCO CORPORATE CENTER I, LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

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STATE
TALLAHASSEE
FLORIDA

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ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

STELIOS MINOTAKIS
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

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, F.S..



REGISTERED AGENT'S SIGNATURE (REQUIRED)

(CONTINUED)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

NAME AND ADDRESS:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

MGR

HARROD DEVELOPMENT, INC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

CHADWICK HARROD
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

ROBERT WEBSTER
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

GRAHAM MAVAR
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

PATTI BENETT
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR

JACK KELLEY
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

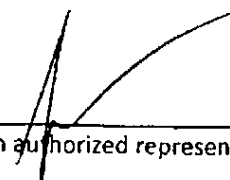
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ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:

(OPTIONAL)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

JACK KELLEY

TYPE OF PRINTED NAME OF SIGNEE

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