

L220000037073119
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000003707 3)))



H220000037073ABCV

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 : WHITE/PETERMAN PROPERTIES, INC.
Account Number : 120210000047
Phone : (219)757-3730
Fax Number : (219)680-4255

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

Email Address: smustafa@whitepeterman.com

FLORIDA LIMITED LIABILITY CO.

Spaniards Rd 310, LLC

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

RECEIVED

2022 JAN -4 PM 2:49

2021 JAN -4 AM 1:12
S. DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H22000003707 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Spaniards Rd 310, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 411 Park Ave.
Suite 3
Boca Grande, FL 33921

Mailing Address: 9800 Connecticut Drive
Suite A1-100
Crown Point IN 46307

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

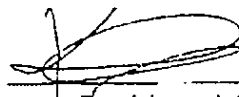
The name and the Florida street address of the registered agent are:

CT Corporation System
Name

1200 S. Pine Island Road
Florida Street Address (No P.O. Box)

Plantation, Florida 33324
City, State, and Zip code

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

Kimberly Bowens, Asst. Secretary

FAX AUDIT NO.: H22000003707 3

FILED
2021 JAN -4 AM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H22000003707 3

ARTICLE IV – Manager(s), Officers:

The Company shall be Manager Managed. The Names and Addresses of each person authorized to manage or control the Limited Liability Company:

Title:**Name and Address:**


"MGR" = Manager

MGR

Michael Foster
411 Park Avenue
Suite 3
Boca Grande FL 33921

MGR

John M. Peterman
909 10 Street South
Unit 302
Naples, FL 34102

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member
(In accordance with section 605.0203 (1) (b), Florida Statutes, 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 Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)

Michael Foster, Manager

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

FAX AUDIT NO.: H22000003707 3

FILED
2021 JAN -4 AM 1:12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA