(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Office Use Only



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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : ORDER DATE: January 4, 2022 ORDER TIME : 2:25 PM ORDER NO. : 360264-005 CUSTOMER NO: 7545057 DOMESTIC FILING NAME: RR21 DEVELOPMENT, LLC EFFECTIVE DATE: 125.00 ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

Tallhassee, FL 32301

## COVER LETTER

то:	New Filing Sec Division of Cor				
SUBJEC	RR21 E	Development, LLC			
SOBSEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liabilit	y Company	
The encl	osed Articles of	Organization and fee(s) are	submitted (	or filing.	
Please re	eturn all correspo	ondence concerning this ma	tter to the fo	llowing:	
	Pamela Spe	ence			
	****		Name of I	Person	
	EBSCO Inc	dustries, Inc.			
			Firm/Con	ipany	
	5724 Highv	way 280 East			
			Addre	SS	
	Birminghan	n, AL 35242			
			ty/State and	Zip Code	
	pspence@eb	esco.com E-mail address: (to be used	for future or	muni report notificati	on)
				inuar report normean	on)
For furthe	r information co	ncerning this matter, please	call:		
	Pamela Spo	ence at (	205	980-5234	
	Nam	e of Person Ar	ea Code	Daytime Telephone	e Number
Enclosed	l is a check for th	he following amount:			
<b>≨</b> 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314	7 2	Street Address Sew Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RR21 Development, LLC	
(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5724 Highway 280 East	PO Box 1943
Legal Services	Legal Services
Birmingham, AL 35242	Birmingham, AL 35201
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registe another business entity with an active Florida registration.)	
(The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an individual or

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.,

Florida street address (P.O. Box NOT acceptable)

FL

State

Corporation Service Company

By Assistant Vice President

Registered Agent's Signature (REQUIRED)

1201 Hays Street

City

Tallahassee

32301

Zip

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	EDECO C ISC D I
AWDR	EBSCO Gulf Coast Development, Inc. 5724 Flighway 280 East
	Birmingham, AL 35242
	<del></del>
(Use attachment if necessary)	
•	
RTICLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
f an effective date is listed, the date must re date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after
	s not meet the applicable statutory filing requirements, this date will not be listed a
ne document's effective date on the Depar	
RTICLE VI: Other provisions, if any,	
REOUIRED SIGNATURE:	
	Typ B. Work
Signature o	of a member or an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	B. Novak, Secretary  Typed or printed name of signee

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)