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236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

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xx	FILING	LLC			 	
	CBA 54 APT, LLC (CORPORATE NAME AND DOCUME	ENT #)			 	 <u>.</u>
	(CORPORATE NAME AND DOCUME	ENT #)			 	
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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: CBA 54	APT, LLC		
300022.1.	Name of Lin	rited Liability Company	
The endosed Articles of	f Organization and foo(s) ar	e aubmitted for filing.	
Please return all corresp	ondence concerning this m	atter to the following:	
LEE E. A	RNOLD, JR.		
		Name of Person	
	· • · · · · · · · · · · · · · · · · · ·		
		Firm C mpany	
······································	311 PARK PLACE BLV	D. SUITE 600	
		Address	
CLEARW	ATER, FL 33759		
lee.arno	C ld@colliers.com	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notifica	tion)
For further information co	nonming this matter, please	call:	
Joseph P	. Covelli, Esq.	813 467-8900	
Nan	e of Person A	rea Code Daytime Telepho	ne Number
Enclosed is a check for t	he following amount:		
X\$12500 Filing Fee	\$130.00 Filing Fee & Certificateof Status	☐\$ 155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mallin	e Address	Street Address	

Malling Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323 14

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED	÷
SECRETARY OF STATE	
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The name of the Limited Liability Company is:

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(Must contain 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:

311 PARK PLACE BLVD, SUITE 600 CLEARWATER, FL 33759

311 PARK PLACE BLVD, SUITE 600 CLEARWATER, FL 33759

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LEE E. ARNOLD, JR.

Name

311 PARK PLACE BLVD, SUITE 600

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

CLEARWATER, FL 33759

City

State

Zip

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 Agenti's Signature (REOLIRED)

(CONTINUED)

"L(CD) - L(Name and Address:
"MGR"= Manager MGRM	
SICKNI	CLEARWATER BAY ASSOCIATES, INC.
	31) PARK PLACE BLAD SIGTE 600
	CLEARWATER, FL 33759
	2022 FEB
	2 FE
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(Use attachment if necessary)	
an effective date is listed, the date must be s	te of filing: (OPTIONAL)
f an effective date is listed, the date must be a e date of filing.) lote: If the date inserted in this block does not be document's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 25

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

ARTICLE IV-