## 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.

(((H22000087535 3)))



H220000875353ABC%

**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 : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845) 618-3598

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

Email Address:

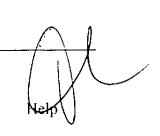
## FLORIDA LIMITED LIABILITY CO.

## Inman Oakwood Reserve Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

Electronic Filing Menu

Corporate Filing Menu



## ARBICLES CHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Inman Oakwood Reserve Holdings, LLC	
(Must end with the words "Limited Liab	oility 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:
3322 West End Ave, Suite 325	3322 West End Ave, Suite 325
Nashville, TN 37203	Nashville, TN 37203
ARTICLE III - Registered Agent, Registered Office, & Ro	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi	istered 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 ager	nt are:
Veorp Services, LLC	in the second

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. Thereby 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)

State

1200 South Pine Island Road

Ф

Plantation

Mimi Sanik

Registered Agent's Signature (AEQUEED)

Zip

(CONTINUED)

Page 1of2

From: Vcorp Services, LLC

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Benjamin Inman
<del></del>	3322 West End Ave. Suite 325
	Nashville, TN 37203
	<del></del>
<u> </u>	
	38
	25 - 25 - 5 - 5 -
	ンズ
	SS
Use attachment if necessary)	200
	in c
C.V. Citarius data if other than the data of filing	(OPTIONAL)
cure oute in wheely the date them as observed an	d cannot be more than five business days prior to o
f filing.) the date inserted in this block does not meet the ament's effective date on the Department of State.	applicable statutory filing requirements, this date will not srecords.
nent's effective date on the Department of State. EVI: Other provisions, if any.	applicable statutory filing requirements, this date will not s records.
nent's effective date on the Department of State.	s records.
EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in ac	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State

2022-03-08 17:12:43 GMT

Page 2 of 2

Filing Res

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

\$ 5.00 Certificate of Status (Optional)