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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

mail.	Address:			
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FLORIDA LIMITED LIABILITY CO. CLENDENON PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Help

To:

Fax: (850) 617-6381

Page: 2 of 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ANTE MAINTENANT OF THE PARTY OF
The name of the Limited Liability Company is:	
CLENDENON PROPERTIES LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office Address:	of the Limited Liability Company is: Majling Address:
523 Eric Avenue	523 Eric Avenue
Tampa, Florida 33606	Tampa, Florida 33606
	. <u> </u>

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

Name

523 Eric Avenue

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

Tampa Florida 33606

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 Agent's Signature (REQUIRED)

(CONTINUED)

To:

Fax: (850) 617-6381

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Membe	भ	
"MGR" = Manager		
AMBR	Donn Clendenon	
	523 Eric Avenue	
	Tampa. Florida 33606	
	Lance Hamiltonia	
AMBR	James Hettinger 523 Eric Avenue	
	Tampa. Florida 33606	
		-
		1
	PM 12: 02 EE. FLORING	1
	5	
	7.	
(Use attachment if necessary)		
(000,,,		
ARTICLE V. Effective date, if other tha	in the date of filing: (OPTIONAL)	
(If an affective date is listed, the date m	nust be specific and cannot be more than five business days prior to or 90 days aft	ter
the date of filing.)	the be specific and culture to more than the customs days proved on your days and	
Note: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed	d as
the document's effective date on the De		u u3
the document's effective date on the De	partment of State's records.	
ARTICLE VI: Other provisions, if any.		
ARTICLE VI. Other provisions, if any.		
· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:	in the state of th	
. 1	19/4/1	
- ta	- 1 / TWOMP	
Signature	e of a member or an authorized representative of a member.	
	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	any false information submitted in a document to the Department of State	
constitutes a the	ird degree felony as provided for in s.817.155, F.S.	
lamee k	-lettinger	
<u>James r</u>	Typed or printed name of signee	
	· * L · · · · · · L · · · · · · · · · ·	

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)