4/14/22, 3:08 PM



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.

(((H22000136483 3)))



H720001364833ABC5

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 : HARROD PROPERTIES INC.

Account Number : 120200000020

Phone : (813)229-1500 Fax Number : (813)221-1570

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

Email Address: kdenorcy@harrodproperties.com

FLORIDA LIMITED LIABILITY CO. HP NC GROUP LLC

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

ED

8

APR IL PM 3: 58

Electronic Filing Menu

Corporate Filing Menu

Help

Facsimile Audit Number: H22000136483 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	RT	CL	E	I -	N	Δ	М	F

HP NC GROUP LLC

(Must contain the words "Limited Liability Company, ""L.L.C.", or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HP NC GROUP LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

HP NC GROUP LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

STELIOS MINOTAKIS

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

provided for in Chapter 605, F.S..

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

REGISTERED AGENT'S SIGNATURE (REQUIRED)

(CONTINUED)

123 APR 14 PM 3:3

Facsimile Audit Number: H22000136483 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

<u>TITLE:</u> "MGR "= MANAGER	NAME AND ADDRESS:
"AR" ≈ AUTHORIZED REPRESE	INTATIVE
	HARROD DEVELOPMENT, INC
MGR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	CHADWICK HARROD
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	ROBERT WEBSTER
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	GRAHAM MAVAR
AR	GRAHAM MAVAR 5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	PATTI BENETT $ \Box \Box \Box \Box $
AR	(a)
	5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609
	JACK KELLEY
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
LE V - EFFECTIVE DATE, IF OTHE	R THAN THE DATE OF THIS FILING:
	(OPTIONAL)
<u>IRED</u> SIGNATURE:	
Signature of a memt	ber or an authorized representative of a member
	Tuesday representative or a wemper

ce with section 605.0203 91) (b), Florida Statures. 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.

JACK KELLEY		
	TYPE OF PRINTED NAME OF SIGNEE	 _