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Florida Department of State
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(((H22000140008 3)))



H220001400083ABCR

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813)229-1500
Fax Number : (813)221-1570

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FLORIDA LIMITED LIABILITY CO. HP NC GP INVESTOR LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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Facsimile Audit Number: H22000140008 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

HP NC GP INVESTOR LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:HP NC GP INVESTOR LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609MAILING ADDRESS:HP NC GP INVESTOR LLC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609ARTICLE 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 33609RECEIVED
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TALLAHASSEE, FLORIDA

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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)

Facsimile Audit Number: H22000140008 3

Facsimile Audit Number: **H22000140008 3****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.****TITLE:****"MGR"=MANAGER****"AR" = AUTHORIZED REPRESENTATIVE****NAME AND ADDRESS:****MGR****HARROD DEVELOPMENT, INC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****AR****CHADWICK HARROD
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****AR****ROBERT WEBSTER
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****AR****GRAHAM MAVAR
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****AR****PATTI BENETT
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****AR****JACK KELLEY
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609****ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:****(OPTIONAL)****REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (b), Florida Statutes.
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 OR PRINTED NAME OF SIGNEE**Facsimile Audit Number: **H22000140008 3**