

L22000178957

(Requestor's Name)

(Address)

(Address)

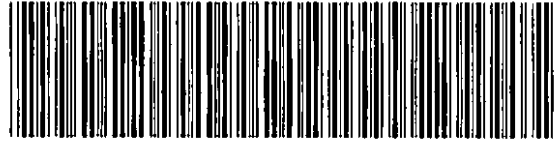
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



800386802888

05/02/22--01039--008 \*\*125.00

Special Instructions to Filing Officer:

RECEIVED  
2022 MAY -2 PM 1:30  
CORPORATIONS  
COMMERCIAL  
SERVICES

Office Use Only

J DENNIS

MAY -2 2022

RECEIVED  
2022 MAY -2 PM 1:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: STARKVILLE APARTMENT PARTNERS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Bashinsky  
Name of Person  
Gullett Sanford Robinson & Martin PLLC  
Firm/Company  
150 3rd Avenue South, Suite 1700  
Address  
Nashville, TN 37201  
City/State and Zip Code  
lbashinsky@gprm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Bashinsky                      615                      921-4249  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

STARKVILLE APARTMENT PARTNERS, LLC

(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:

909 N 14TH ST  
NASHVILLE, TN 37206

909 N 14TH ST  
NASHVILLE, TN 37206

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:

LIGHTSEY & ASSOCIATES, P.A.  
Name

2105 N PARK AVE  
Florida street address (P.O. Box NOT acceptable)

WINTER PARK      FL      32789  
City                      State                      Zip

RECEIVED  
2022 MAY -2 PM 1:30  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CORPORATIONS  
AND COMMERCIAL  
SERVICES

*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.*

Risa Baskin (with permission, Alton Lightsey)  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

HSS STARKVILLE, LLC

909 N 14TH STREET

NASHVILLE, TN 37206

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

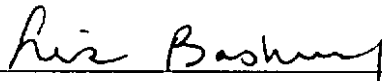
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (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.

LISA BASHINSKY

Typed or printed name of signee

**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)