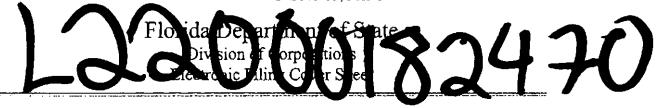
5/3/22, 10:40 AM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MANAUSA SHAW & MINACCI

Account Number : I20210000086 Phone

: (850)597~7616

Fax Number

: (850)270-6148

S. CHATHAM MAY U4 202

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

Email Address: Kyle Omanausalaw. Com

FLORIDA LIMITED LIABILITY CO.

Dixie Midway 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

· (((H22000159570 3)))

COVER LETTER

	iew Filing Se Division of Co				
SUBJECT		way 2, LLC			
SODJEC		Name of L	imited Liab	ility Company	
The enclos	sed Articles of	f Organization and fee(s)	are submitte	ed for filing.	
Please rett	ırn all corresp	ondence concerning this i	natter to the	following:	•
	Kyle Shaw				22
	_		Name (of Person	22 MAY
	Manausa Sh	aw Minacci			ယ်
			Firm/C	Company	
	1701 Hermi	tage Blvd, Suite 100			<u>ب</u> 0
		-	Add	iress	
	Tallabassee,	FL 32308			
			City/State a	ınd Zip Code	
	kyle@manau		J 6 6		•
<u>.</u>		E-mail address: (to be use		amusi report notificat	ion)
For further i	nformation co	oncerning this matter, plea	se cali:		
	Katie Rac	at (350	597-7616)	
	Nan		Area Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	OS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address illing Section on of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee et, Suite 810
	Tallah	assee, FL 32314		Tallahassee, FL 3230	3

(((H220001595703)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Dixie Midway 2, 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:
14824 Mahan Drive	14824 Mahan Drive
Tailahassee, FL 32309	Tailahassee, FL 32309

ARTICLE M - 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:

Name

1701 Hermitage Blvd, Suite 100

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

Tallahassee FL 32308

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)

(((H22000159570 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Brett E. Brantley 14824 Mahan Drive Tallahassee, FL 32308
Member	Natalie D. Brantlev 14824 Mahan Drive Tallahassee, FL 32308
EV: Effective date, if other than ective date is listed, the date mu	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90
ective date is listed, the date mn of filing.)	es not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Depart	es not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Depart EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not artment of State's records. of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's	es not meet the applicable statutory filing requirements, this date will not urtment of State's records. of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.