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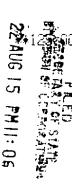
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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJE	ECT: LA VOL		nited Liability Company		
The en	closed Articles of	Organization and fee(s) are	e submitted for filing.		
Please	return all correspo	ondence concerning this ma	atter to the following:		
	LEE E. A	RNOLD, JR.			
			Name of Person		
			Firm/Company		
	311 PARI	C PLACE BLVD., SUITE	600		
			Address		
	CLEARW	/ATER, FL 33759			
			ity/State and Zip Code		%
	lee.amold(@colliers.com			A
	I	E-mail address: (to be used	for future annual report notificat	tion)	
For furth	er information co	ncerning this matter, please	call:		22 AUG 15 PHII: 06
	Joseph P. Ce	welli	912 . 467.9000		
		aı (813) 467-8900 rea Code Daytime Telephor	ae Number	9
	1 14411	7.1	ca code Daytine retephor	ic (valide)	21 Gray
Enclose	d is a check for the	he following amount:			
	i.00 Filing Fee	□\$130.00 Filing Fee &	TS155 00 F(V F 0	□51.60.00 EU	r
63123	.oo i miig i cc	Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Certificate of Stat Certified Copy (additional copy is c	us &
		g Address	Street Address		
		iling Section	New Filing Section D		
		on of Corporations ox 6327	The Centre of Tallah 2415 N. Monroe Stre		
		assee, FL 32314	Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LA VOL, LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
311 PARK PLACE BLVD., SUITE 600	311 PARK PLACE BLVD., SUITE 600
CLEARWATER, FL 33759	CLEARWATER, FL 33759

Name

311 PARK PLACE BLVD., SUITE 600

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

CLEARWATER FL 33759

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 P.S..

Registered Agent's Senature (REQUIRED)

CONTINUED

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager LEE E. ARNOLD, JR. MGR 311 PARK PLACE BLVD., SUITE 600 CLEARWATER, FL 33759 (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 of an authorized representative of a member.

Filing Fees:

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)