

L22000414927

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. SDP FL TEMPLE TERRACE 1, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 SEP 23 AM 10:17

22 SEP 23 PM 12:35

End Copy to (FSA)

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Electronic

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H22000330096

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SDP FL Temple Terrace 1, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Neuland/Holly Taylor

Name of Person

Streamline Development Partners

Firm/Company

825 Sisk Avenue, Suite 200

Address

Oxford, MS 38655

City/State and Zip Code

San@sldpllc.com and htaylor@blackburngroup.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Neuland

SDP FL Temple Terrace 1, LLC

GRACE 1, LLC

Sarah N

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SDP FL Temple Terrace 1, 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:**825 Sisk Avenue, STE 200Same as officeOxford, MS 38655**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:

Capitol Corporate Services, Inc.

Name

515 E. Park Avenue, 2nd FloorFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.

Name of Agent

Taylor Seay

Taylor Seay, Asst. Secretary on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

201555 (CONTINUED)

Certified copy is enclosed

Certified copy is enclosed

Certified copy is enclosed

Certified copy is enclosed

New Filing Section Division
 Tallahassee, FL 32301
 Box 6

New Filing Section Division
 Tallahassee, FL 32301
 Box 6

TALLAHASSEE, FLORIDA

22 SEP 23 PM 12:35

FILED

Tallahassee
 Box 6

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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

Joseph A Schneider
3648 Montevallo Road S
Birmingham, AL 35213

MGR

Joc Pegram
1509 South 10th Street
Oxford, MS 38655

MGR

David Blackburn
114 Pin Oak Drive
Oxford, MS 38655

(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.

Joseph A. Schneider

Typed or printed name of signer

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)

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