

L22000429355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

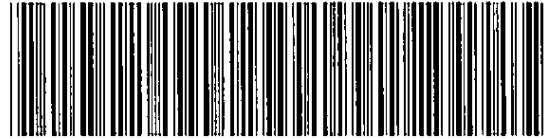
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

OCT - 6 2022

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SECRET
DIVISION OF CORPORATIONS
2022 OCT -5 PM 3:01

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/5/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1075465

ORDER ENTITY

CPL SOUTH ARCHITECTURE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CPL SOUTH ARCHITECTURE, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: CPenazek@HarrisBeach.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "Mj".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CPL South Architecture, 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:

400 N. Ashley Drive, Suite 600
Tampa, FL 33602

255 Woodcliff Drive, Suite 200
Fairport, NY 14450

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:

Christopher G. Kirschner

Name

400 N. Ashley Drive, Suite 600

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

Tampa

FL

33602

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..

/s/ Christopher G. Kirschner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE
2007-5 PM 3:00

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Christopher G. Kirschner
400 N. Ashley Drive, Suite 600
Tampa, FL 33602

MGR

Gary E. Kirschner
400 N. Ashley Drive, Suite 600
Tampa, FL 33602

MGR

Todd M. Liebert
255 Woodcliff Drive, Suite 200
Fairport, NY 14450

MGR

Timothy S. Knapp
255 Woodcliff Drive, Suite 200
Fairport, NY 14450

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DIVISION OF CORPORATE AFFAIRS
2007-05 PM 3:01

(Use attachment if necessary) - See Exhibit A attached hereto

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:

/s/ Carla J. Penazek

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.

Carla J. Penazek

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)

EXHIBIT A

ARTICLES OF ORGANIZATION

CPL SOUTH ARCHITECTURE, LLC

ARTICLE IV - Continued

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

Title:

Name and Address:

MGR

John T. Cordes
255 Woodcliff Drive, Suite 200
Fairport, NY 14450

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