

L22000448898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

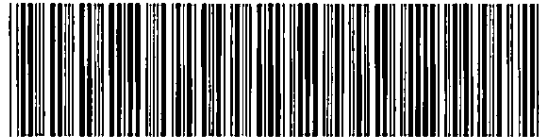
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 19 2022

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

WALK IN

PICK UP: DANNY 10/19

CERTIFIED COPY

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LLC

1. 1010 11TH AVE LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1010 11th Ave 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:

4606 49th Street North, Suite 1037

St. Petersburg, FL 33709

Mailing Address:

4606 49th Street North, Suite 1037

St. Petersburg, FL 33709

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:

Simeon Pappas

Name

4606 49th Street North, Suite 1037

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

St. Petersburg

FL

33709

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/ Simeon Pappas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
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2022 OCT 19 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Simcon Pappas

4606 49th Street North, Suite 1037

St. Petersburg, FL 33709

(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.

The Company shall be a qualified opportunity zone business as such term is defined in Section 1400Z-2(d)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), with the objective of qualifying any interests in the Company as "qualified opportunity zone partnership interests" as such term is defined in Section 1400Z-2(d)(2)(C) of the Code; provided, however, ensuring any such interest is issued solely in exchange for cash, as required by Section 1400Z-2(d)(2)(C)(i), or ensuring any such interest is acquired and owned by a Qualified Opportunity Fund (as such term is defined in Section 1400Z-2(d)(1) of the Code) shall be the responsibility of each individual Member and not the Company. The specific purpose of the Company is the development, ownership, operation, improvement, leasing, and disposition of real property.

REQUIRED SIGNATURE:

/S/ Simcon Pappas

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.

Simcon Pappas

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)