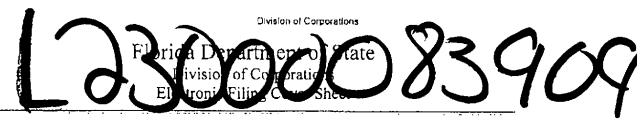
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(((H23000069033 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DAX NELSON, P.A. Account Number : I20190000051 Phone : (813)739-6695 Fax Number : (813)739-6696

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

Email Address: steve_redwine@yahoo.com

FLORIDA LIMITED LIABILITY CO. 89 AD, LLC

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(FAX)

02/22/2023 14:44 Rocke McLean Sbar Attorneys

(((H230000690333)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

89 AD, 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:

16010 Royal Aberdeen Place Odessa, FL 33556 16010 Royal Aberdeen Place Odessa, FL 33556

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:

Dax Nelson, P.A.

Nam

2309 S. MacDill Avenue, Suite 102

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

Tampa

FL

33629

Dity'

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 (REOUIRED

(CONTINUED)

5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 18137396699 p.3037003

(FAX)

(((H23000069033 3)))

Title	Name and Address:
"AMBR" - Authorized	
"MGR" - Manager	
MGR	Steven L. Redwine
	16010 Royal Aberdeen Place
	Odessa, FL 33550
MGR	Pamela C. Redwine
	16010 Royal Aberdeen Place
	Odessa, FL 33556
	
(Use attachment if neces	•
ICLEV: Effective date, if or effective date is listed, the attention of fitting.) If the date inserted in this	her than the date of filing: 02/21/2023 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days a block does not meet the applicable stanutory filing requirements, this date will not be list
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