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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 578769 4305611 AUTHORIZATION : Sprinklesson COST LIMIT : \$ 125.00 ORDER DATE: March 13, 2023 ORDER TIME : 2:50 PM ORDER NO. : 578769-005 CUSTOMER NO: 4305611 DOMESTIC FILING NAME: 3012 BALLAD ROAD LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

COVER LETTER

	New Filing Sec Division of Co					
SUBJEC		nd Road LLC				
SOBJEC	<u> </u>	Nai	ne of Lim	ited Liabil	ity Company	
The enclo	osed Articles of	Organization and	fee(s) are	submittee	for filing.	
Please ret	urn all correspo	ondence concernir	ng this mat	ter to the	following:	
	Shaun R. Ei	senhauer				
			<u> </u>	Name of	Person	·
	McNees Wa	llace & Nurick Li	LC			
				Firm/Co	mpany	
	100 Pine Str	reet				
				Addı	ess	_
	Harrisburg,	PA 17101				
	shaun eisenha	uer@comcast.net		ty/State an	d Zip Code	
				or future a	innual report notificati	ion)
For further	information co	ncerning this matt	er, please	call:		
	Mary J. Lanr	ni	717 at (7	237-5398	
	Nam	e of Person			Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	ınt:			
≡ \$125.0	0 Filing Fee	□\$130.00 Filir Certificate of S	-	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	g Address iling Section on of Corporations ox 6327	:		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3012 Ballad Road LLC						
(Must conati	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limited	Liability Company is:			
Principa	Office Address:		Mailing Address:	:-1 S	202	
692 St. John's Drive		692	St. John's Drive	<u> </u>	2023 MAR 3	ct
Camp Hill, PA 17011		<u>Can</u>	np Hill, PA 17011		R	
ADTICI F III - Desistand Agen	at Pagistared Office	& Danistered Ana	nt's Signature	- 3 5		-
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	annot serve as its owi tive Florida registration	n Registered Agent. on.)	nt's Signature: You must designate an individual or	RY OF STAT	13 AMII: 58	Car (Car
(The Limited Liability Company of another business entity with an ac	annot serve as its owi tive Florida registration	n Registered Agent. on.) d agent are:		RY OF STAT	MH II: 5	Car (Car
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration ddress of the registere	n Registered Agent. on.) d agent are:		RY OF STAT	MH II: 5	
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration ddress of the registere	n Registered Agent. on.) d agent are:		RY OF STAT	MH II: 5	Car (Car
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration Idress of the registere Corporation Service	n Registered Agent. on.) d agent are: : Company Name	You must designate an individual or	RY OF STAT	MH II: 5	(Same
(The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration diress of the registere Corporation Service 1201 Hays Street	n Registered Agent. on.) d agent are: : Company Name	You must designate an individual or	RY OF STAT	MH II: 5	(Same

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..

Corporation Service Company

By Walds-Janson, Ary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR/AMBR	Shaun R. Eisenhauer 692 St. John's Drive Camp Hill, PA 17011	
MGR/AMBR	ASS AM	
(If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days: t meet the applicable statutory filing requirements, this date will not be list of State's records.	after
ARTICLE VI: Other provisions, if any.		
This document is exec I am aware that any fal	nember or an authorized representative of a member. The secondance with section 605.0203 (1) (b), Florida Statutes. The second	
Shaun R. Eisenl	hauer Typed or printed name of signee	
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	<u>Filing Fees:</u> Prganization and Designation of Registered Agent	

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

ARTICLE IV-