500/4/785

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	

Office Use Only



000404500900

S. CHATHAM MAR 24 2023



2023 MAR 28 AH 9: 49

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 03/28/2023	_		**WALK IN*
ENTITY NAMEMBH-3	30A, LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxxx	Plain Copy		
<u>-</u> -	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts &	Amendments Complete File (Including Annual Reports	·)
		OTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$ 125		ACCOUNT # 120140000108 / United Corporate Services, Inc. A issues or concerns. Thank you so mu	Reparl
Please call Tina at t	the above number for an	y issues or concerns. Thank you so mu	ch!

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

	LC			
(Must	conatin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	office of the Limited	I Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
495 Tennessee	Street, Suite 152	49	5 Tennessee Street, Suite 152	
Memphis, TN		M	emphis, TN 38103	
The name and the Florida s	treet address of the registere			HAR 2
The name and the Florida s	United Corporate Solution 2458 Lakeshore Dr	ervices, Inc.	<u></u>	2023 MAR 28 PM 3: 5 SEUN - WARY SEE.
The name and the Florida s	United Corporate S	ervices, Inc. Name	acceptable)	MAR 28 PM 3: 21
The name and the Florida s	United Corporate Solution 3458 Lakeshore Dr	ervices, Inc. Name	acceptable) 32312	HAR 28 PH 3: 21
The name and the Florida s	United Corporate Solution 3458 Lakeshore Dr Florida street address	ervices, Inc. Nume rive ss (P.O. Box NOT)	-	MAR 28 PM 3: 21

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
MICHC - Manager	
MGR	Craig Weiss
	495 Tennessee Street, Suite 152
<u> </u>	Memphis, TN 38103
	C. C. Albaham
MGR	Stanford Roberts 495 Tennessee Street, Suite 152
	Memphis, TN 38103
•	
-	
-	
	\mathcal{L}_{i}
	
	<u> </u>
	المرتبع المرتبع
(Use attachment if necessary)	
(Ose attachment it necessary)	•
I E V. Effective data if other than the date of fi	ling: (OPTIONAL)
factive date is listed, the date must be specific	and cannot be more than five business days prior to or 90 days
e of filing.)	and cannot be more than the beautiful property
Lor ming.) If the date inserted in this block does not meet.	the annicable statutory filing requirements, this date will not be in
If the date inserted in this block does not meet	
If the date inserted in this block does not meet	
If the date inserted in this block does not meet cument's effective date on the Department of St	
If the date inserted in this block does not meet cument's effective date on the Department of St	
If the date inserted in this block does not meet cument's effective date on the Department of St	
If the date inserted in this block does not meet cument's effective date on the Department of St	
If the date inserted in this block does not meet ument's effective date on the Department of St	
If the date inserted in this block does not meet nument's effective date on the Department of St	
If the date inserted in this block does not meet cument's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	
If the date inserted in this block does not meet tument's effective date on the Department of St. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Robert Brantl	ate`s records.
If the date inserted in this block does not meet nument's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Report Brantl Signature of a member	er or an authorized representative of a member.
If the date inserted in this block does not meet cument's effective date on the Department of St. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Robert Brantl Signature of a member This document is executed in	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
If the date inserted in this block does not meet nument's effective date on the Department of St. ELE VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: Signature of a member o	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
If the date inserted in this block does not meet turnent's effective date on the Department of St. ELE VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
If the date inserted in this block does not meet ument's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: Signature of a member This document is executed in Lam aware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

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)