From: M. BURR KEIM CO

04/05/2023 4:18 PM

**Division of Corporations** Electronic Filing Cover Sheet

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(((H230001302873)))



H230001302873ABC-

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## ParkOps Gulf Coast LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

. <u>/</u> [ ]

ARTICLES	OF ORGANIZATION FOR	R FLORIDA LI	MITED LIABILITY COMPA	INY	
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:				
ParkOps Gulf Coas	t LLC				
(Must con	ntain the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC."	)	<del></del> -
ARTICLE II - Address: The mailing address and street	address of the principal	office of the L	imited Liability Company i	is:	
<u>Princi</u>	pal Office Address:		Mailing A	Address:	
221 Laurel Road, S			221 Laurel Road, Suite 1	100	
Voorhees, NJ 0804	3		Voorhees, NJ 08043		
	Registered Agents Ir	nc. Name		<u></u>	
	7901 4th Street N St	,	Total	_	
	Florida street addres	s (P.O. Box <u>r</u>	acceptable)		
	St. Petersburg	<u>FL</u>	33702	_	
	City	State	Zip		
laving been named as registered lace designated in this certificate arther agree to comply with the part familiar with and accept the old	, I hereby accept the apportunitions of all statutes replications of my position in the control of the control	ointment as reelating to the pas registered to	gistered agent and agree to proper and complete perforn agent as provided for in Cha Signature (REQUIRED)	act in this coma	city I
		(CONTINE	EU)		

(((H23000130287 3)))

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Autho	Name and Address:	
"MGR" = Manage		
Manager	Andrew Hartman	
	221 Laurel Road, Suite 100	
	Voorhees, NJ 08043	
		_
		_
		_
		_
(Use attachment if		
n effective date is listed ate of filing.) <u>e:</u> If the date inserted in	the date must be specific and cannot be more than five business days prior to or 9 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	•
ICLE VI: Other provisi		
REQUIRED SIGN	ATURE:	
		_
ፐክ	Signature of a member or an authorized representative of a member. s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes	
Ia	n aware that any false information submitted in a document to the Department of State	, 9
cor	stitutes a third degree felony as provided for in s.817.155, F.S.	•
	A - January IV - August NA	
	Andrew Hartman, Manager  Typed or printed name of signee	
	yped of printed name of signee	
	Filing Fooc	

<u> Filing Fees:</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)