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# L23/0/20205640

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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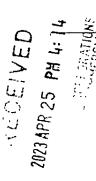
To:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

Email Address: mdockins@shumaker.com



# FLORIDA LIMITED LIABILITY CO. PROJECT730 LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	F.	ı .	N 10	1744

The name of the Limited Liability Company is:

PROJECT730 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:		
1000 Jackson Street	1000 Jackson Street		
Toledo, Ohio 43604	Toledo, Ohio 43604		

#### 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:

	Name	
101 E. Kennedy Blv	d., Suite 2800	
Florida street addres	s (P.O. Box NOT acc	eptable)
Tierran Arcot address	`	•
Tampa	Florida	33602

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 | Michael E. Dockins | Registered Agent's Signature (REQUIRED) | (CONTINUED)

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SECRETARY OF STATE

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Tyler Senerchia 1000 Jackson Street Toledo, Ohio 43604	7027 <b>8</b> PR
	HASSEE, FL	
		•
(If an effective date is listed, the date must be sethedate of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	ate of filing:	•
This document is exce I am aware that any fal	member or an authorized representative of a member, euted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.	_
Michael E. Doc	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)