5/9/23, 4:30 PM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000173584 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARROD PROPERTIES INC.

Account Number : 120200000020 Phone : (813)229-1500 : (813)221-1570 Fax Number

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

kdenorcy@harrodproperties.com Email Address:

> FLORIDA LIMITED LIABILITY CO. HHRE RICHARDSON MOB, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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5/9/2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	101	F	١.	N	Δ	M	E

HHRE RICHARDSON MOB, LLC

(Must contain the words "Limited Liability Company, ""L.L.C.", or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HHRE RICHARDSON MOB, LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

HHRE RICHARDSON MOB, LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

STELIOS MINOTAKIS

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

Having been named as registered agent and to accept service of process for the above states 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 agents provided for in Chapter 605, F.S..

REGISTERED AGENT'S SIGNATURE (REQUIRED)

(CONTINUED)

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5/9/2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TIŢLE:	NAME AND ADDRESS:
"MGR"=MANAGER	
"AR" = AUTHORIZED REPRESENTATIVE	
	HARROD DEVELOPMENT, INC
MGR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	CHADWICK HARROD
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	ROBERT WEBSTER
AR	SSSO W. EXECUTIVE DRIVE, SUITE SSO
	TAMPA, FL 33609
	GRAHAM MAVAR
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	PATTI BENNETT
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	JACK KELLEY
ΔR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
E V - EFFECTIVE DATE, IF OTHER THAN	/COTIONALLY T
<u>RED</u> SIGNATURE:	OPTIONAL SEE,
Signature of a member or a	n'authorized representative of a member
	7. TE

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JACK KELLEY		
	TYPE OR PRINTED NAME OF SIGNEE	

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