Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230002268263)))



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Division of Corporations

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kdenorcy@harrodproperties.com Email Address:

FLORIDA LIMITED LIABILITY CO. HPAERO I, LLC

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6/26/2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	I - N	Α	м	E

HP AERO I, LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HP AERO I, LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

HP AERO I, 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 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..

REGISTERED AGENT'S SIGNATURE (REQUIRED)

(CONTINUED)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TITLE:	NAME AND ADDRESS:
"MGR"=MANAGER	
"AR" = AUTHORIZED REPRESE	ENTATIVE
	CHADWICK HARROD
MGR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	MICHAEL DOYLE
MGR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	ROBERT WEBSTER
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
AN	TAMPA, FL 33609
	PATTI BENNETT
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
	JACK KELLEY
AR	5550 W. EXECUTIVE DRIVE, SUITE 550
	TAMPA, FL 33609
LE V - EFFECTIVE DATE, IF OTH	HER THAN THE DATE OF THIS FILING:
IRED SIGNATURE:	(OPTIONAL)
MED SHARTONE.	
Signature of a mer	mber or an authorized representative of a member
I am aware that any false info	n accordance with section 605.0203 91) (b), Florida Statures. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
IACK KELLEV	
JACK KELLEY	PE OR PRINTED NAME OF SIGNEE

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