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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000343571 3)))



H230003435713ABC

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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  
Fax Number : (813)221-1570

2023 SEP 29 PM 2:45  
TALLAHASSEE, FL  
OFFICE OF STATE

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Email Address: kdenorcy@harrodproperties.com

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**FLORIDA LIMITED LIABILITY CO.  
CCC GenTV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. MATTHEWS

OCT - 2 2023

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Corporate Filing Menu

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Facsimile Audit Number: **H23000343571 3**

SEP 29 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023 SEP 29 PM 2:45

ARTICLE I - NAME

CCC GenTV, LLC

CLERK OF STATE  
TALLAHASSEE, FL

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

CCC GenTV, LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

CCC GenTV, 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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9/29/2023

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TITLE:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

NAME AND ADDRESS:

AR

CHRISTOPHER CROW  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

AR

CHADWICK HARROD  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

AR

GARY HARROD  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

AR

JACK KELLEY  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

## ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING: \_\_\_\_\_

(OPTIONAL)

REQUIRED SIGNATURE:  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (b), Florida Statutes.  
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 SIGNED

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