

# L23000484652

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\*\*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.

Highland Ridge Hideaway, LLC

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

FILED  
 2023 OCT 24 PM 4:21  
 TALLAHASSEE, FL  
 DIVISION OF STATE

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 2023 OCT 24 AM 10:23  
 FLORIDA  
 DIVISION OF STATE

T. MATTHEWS

OCT 25 2023

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2023 OCT 24 PM 4:21

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLHighland Ridge Hideaway, LLC

(Must end with 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:345 4th Avenue N  
Safety Harbor, FL 34695345 4th Avenue N  
Safety Harbor, FL 34695

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Sara A. Bishop

Name

345 4th Avenue NFlorida street address (P.O. Box **NOT** acceptable)

|                      |           |              |
|----------------------|-----------|--------------|
| <u>Safety Harbor</u> | <u>FL</u> | <u>34695</u> |
| City                 | State     | Zip          |

*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.*

Sara A. Bishop

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" -- Authorized Member

"MGR" -- Manager

AMBR

**Name and Address:**

Paul Harmon Bishop and Sara Annelese Bishop, Trustees, Paul Harmon Bishop and Sara Annelese Bishop Joint Revocable TUA dated August 12, 2014

345 4th Avenue N

Safety Harbor, FL 34695

AMBR

John R. Evans

345 4th Avenue N

Safety Harbor, FL 34695

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (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.817.135, F.S.

Sara A. Bishop

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)