12/20/23, 8:44 AM

Division of Corporations Electronic Filing Cover Sheet

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(((H23000432562 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SAXON GILMORE & CARRAWAY, P.A.

Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555

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

Email Address: FLCORP@SAXONGILMORE.COM

)20 AMIO:

FLORIDA LIMITED LIABILITY CO.

La Hacienda 335, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

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# (((H23000432562 3)))

### ARTICLES OF ORGANIZATION FOR ITLORIDA LIMITED LIABILITY COMPANY

AR	T	C	LEI	l - I	Nai	me:

The name of the Limited Liability Company is:

## La Hacienda 335, 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:
2558 Gary Circle	2558 Gary Circle
Dunedin, Florida 34698	Dunedin, Florida 34698

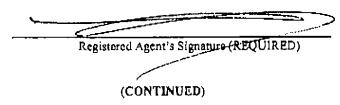
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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 Plorida street address of the registered agent are:

BERN	IICE S, SAXON	V, ESQ.
	Name	•
201 E. KENI	NEDY BLVD, S	UITE 600
Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
TAMPA	FL	33602
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..



ARTICLE IV-

# (((H23000432562 3)))

Title: "AMBR" - Authorized Moinber	Name and Address:
"MGR" = Manager AMBR/MGR	Jeffrey D. Buell, as Trustee of the Buell Family Trust unde agreement dated November 8, 2011
	2558 Gary Circle Dunedin, Florida 34698
AMBR/MGR	Michelle R. Buell, as Trustee of the Buell Family Trust unde agreement dated November 6, 2011
	2558 Gary Circle  Dunedin, Florida 34698
(Use attachment if necessary)	

# 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.817.155, F.S.

Jeffrey D. Buell, as Trustee, Manager Authorized Member
Typed or printed name of signee

Filing Fers:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent C

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.