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Florida Department of State
 Division of Corporations
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((H24000018009 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
 Fax Number : (813)221-1570

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

Email Address: kdenorcy@harrodproperties.com

**FLORIDA LIMITED LIABILITY CO.
 HHRE PARTNERS SIMMONS LOOP, LLC**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

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Facsimile Audit Number: H24000018009 3
1/12/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

HHRE PARTNERS SIMMONS LOOP, LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HHRE PARTNERS SIMMONS LOOP, LLC

HHRE PARTNERS SIMMONS LOOP, LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

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)

Facsimile Audit Number: H24000018009 3

2024 JAN 12 PM 12:31

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Facsimile Audit Number: **H24000018009 3**
1/12/2024**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:

MGR
HARROD DEVELOPMENT, INC
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

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

AR
ROBERT WEBSTER
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

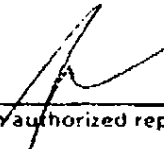
AR
GRAHAM MAVAR
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

AR
PATTI BENNETT
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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STATE OF FLORIDA
DEPARTMENT OF STATE