124000081757

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
: Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



800422274498

2024 FEB 16 PH 12: 19

2024 FEB 16 PM 2: 09

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/16/2024

NAME:

AG OSCEOLA INVESTMENTS FL. LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:		lity Company, "L.L.C.," or "LLC.")
	eet address of the principal office	of the Limited Liability Company is:
<u>Pri</u>	ncipal Office Address:	Mailing Address:
4030 S Pipkin Re	.d	4030 S Pipkin Rd
Lakeland, FL 33	811	Lakeland, FL 33811
(The Limited Liability Companother business entity with	d Agent, Registered Office, & Repany cannot serve as its own Regin an active Florida registration.) treet address of the registered ager	stered Agent. You must designate an individual or
(The Limited Liability Companother business entity with	ipany cannot serve as its own Regi h an active Florida registration.)	stered Agent. You must designate an individual or nt are:
(The Limited Liability Companother business entity with	pany cannot serve as its own Regin an active Florida registration.) treet address of the registered ager Paracorp Incorporated Nar	istered Agent. You must designate an individual or it are:
(The Limited Liability Companother business entity with	pany cannot serve as its own Regin an active Florida registration.) treet address of the registered ager Paracorp Incorporated	stered Agent. You must designate an individual or nt are:
(The Limited Liability Companother business entity with	pany cannot serve as its own Regin an active Florida registration.) treet address of the registered ager Paracorp Incorporated Nar 155 Office Plaza Drive, 1s	stered Agent. You must designate an individual or nt are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	AG LAUNCH, LLC
MIDIC	4030 S Pipkin Road
	Lakeland, FL 33811
MGR	AG LAUNCH, LLC
MUK	4030 S Pipkin Road
	Lakeland, FL 33811
(Use attachment if necessary)	
	(Aprilana)
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu	the date of filing:
the date of filing.)	
	bes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep	artment of State's records.
ARTICLE VI: Other provisions, if any.	60
·	
	DocuSigned by:
REQUIRED SIGNATURE:	7 = 1 = 1 = 1 · · · · · · · · · · · · · ·
	Stephanic mayer
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.
	rd degree felony as provided for in s.817.155, F.S.
Ceambana:	a Mantag
Stenhanis	Typed or printed name of signer

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 2/15/2024

ENTITY NAME: AG OSCEOLA INVESTMENTS FL, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated