

3/14/24, 12:08 PM

L240000992683

Division of Corporations

H24000099268 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000099268 3)))



H240000992683ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
Phone : (850)769-3434
Fax Number : 850-769-6121

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

Email Address: jcampfield@handfirm.com

**FLORIDA LIMITED LIABILITY CO.
MACEY RAE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 MAR 14 PM 2:23

FILED

2024 MAR 14 AM 11:12

SECRETARY OF STATE

DocuSign Envelope ID: 3748EF92-31D8-43EB-86D9-F658BA83822D

H24000099268 3

**ARTICLES OF ORGANIZATION
OF
MACEY RAE, LLC**

ARTICLE I – NAME

The name of the limited liability company is MACEY RAE, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
309 STILLWATER COVE
DESTIN, FL 32541

Mailing Address:
309 STILLWATER COVE
DESTIN, FL 32541

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

HAND ARENDALL HARRISON SALE, LLC
C/O DION MONIZ
35008 EMERALD COAST PKWY, STE 500
DESTIN, FL 32541

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.

Dion J. Moniz

HAND ARENDALL HARRISON SALE, LLC

DocuSign Envelope ID: 3748EF92-31D6-43EB-86D9-F858BA83822D

H24000099268 3

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGRM

Name and Address:

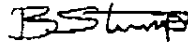
BRENDA STUMP
309 STILLWATER COVE
DESTIN, FL 32541

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 3/13/2024.

FILED
2024 MAR 14 AM 11:12
STATE
TALLAHASSEE, FL

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.

BRENDA STUMP

Typed or printed name of signer