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To: Division of Corporations
Fax Number : (850) 437-8361

From: Account Name : HAND ARENDALL HARRISON S&L LLC
Account Number : 120100000138
Phone : (850) 769-3434
Fax Number : (850) 424-5093

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

Email Address: icampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.
LOT 6 LAKESIDE, LLC

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

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ARTICLES OF ORGANIZATION
OF
LOT 6 LAKESIDE, LLC

ARTICLE I – NAME

The name of the limited liability company LOT 6 LAKESIDE, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

447 GRIFFIN BLVD
PANAMA CITY BEACH, FL 32413

Mailing Address:

447 GRIFFIN BLVD
PANAMA CITY BEACH, FL 32413

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
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.

Dian J. Morisy

HAND ARENDALL HARRISON SALE, LLC

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H24000195767 3
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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

Name and Address:

MGR, AMBR

SOWAL INVESTMENT PARTNERS, LLC
447 GRIFFIN BLVD
PANAMA CITY BEACH, FL 32413

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 5/31/2024.

REQUIRED SIGNATURE:

LUKE PRESLASKI

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.

LUKE PRESLASKI, as MGR and AMBR of
SOWAL INVESTMENT PARTNERS, LLC

Typed or printed name of signer

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