

## 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.

(((H24000214099 3)))



H240002140993ABC

**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 : HARROD PROPERTIES INC.  
Account Number : I20200000020  
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.

## Interlaken Corporate Center LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2024 JUN 20 PM 4:53

RECEIVED  
2024 JUN 20 PM 12:29  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

Facsimile Audit Number: **H24000214099 3**

6/20/2024

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**Interlaken Corporate Center LLC

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

**ARTICLE II - ADDRESS****PRINCIPAL OFFICE ADDRESS:**Interlaken Corporate Center LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609**MAILING ADDRESS:**Interlaken Corporate Center LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
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: **H24000214099 3**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2024 JUN 20 PM 4:53

Facsimile Audit Number: H24000214099 3  
6/20/2024**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

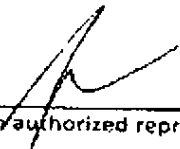
AR

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 SIGNEE