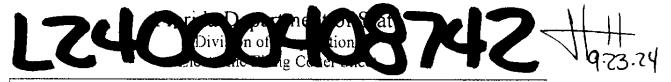
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

Email Address: arichards@shumaker.com

FLORIDA LIMITED LIABILITY CO.

Cloverleaf Holdings, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION

#### FOR

### CLOVERLEAF HOLDINGS, LLC

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is Cloverleaf Holdings, LLC.

## ARTICLE II - Address:

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

6801 N. 54th St., Ste. 111 Tampa, Florida 33610

#### ARTICLE III - Existence:

The effective date of the Company's existence will commence on September 17, 2024.

## ARTICLE IV - Manager:

The Limited Liability Company will be manager-managed. The name, title and address of the managers authorized to manage and control the Limited Liability Company are:

Title	Name and Address
MGR:	Eric Oelschlaeger 6801 N. 54th St., Stc. 111 Tampa, Florida 33610

## ARTICLE V - Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

SECRETARY OF STATE
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## ARTICLE VI - Registered Agent and Registered Address

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

C T Corporation System 1200 South Pine Island Road Plantation. Fl 33324

IN WITNESS WHEREOF. I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 20th day of September, 2024.

/s/ Andrew L. McIntosh
Signature of an authorized representative of a member

(In accordance with Section 605.0203(1)(b), Flonda Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155. Florida Statutes.)

Andrew L. McIntosh
Typed or printed name of signee

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is CLOVERLEAF HOLDINGS, LLC.
- 2. The name and the Florida street address of the registered agent are:

C T Corporation System 1200 South Pine Island Road Plantation, Fl 33324

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.

<u>/s/ Olga Hinkel, VP</u>

Registered Agent

SECKETARY OF STATE
HIVISION OF CORPORATION

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