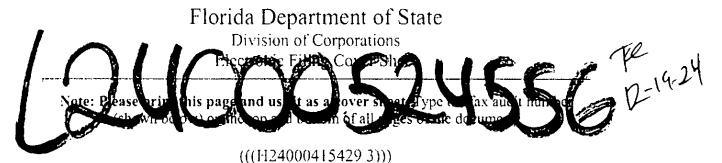
12/18/24, 10:48 AM

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 Fax Number : (407)420-5909

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

Email Address: ____Brittany@mcnicholas.biz.

FLORIDA LIMITED LIABILITY CO.

Economic Council of Indiantown, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

To+:8506176381

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ARTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Economic Council of Indiantown, LLC	
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
N	
Principal Office Address:	Mailing Address:
615 S.W. Overlook Dr.	SAME
Stuart, FL 34994	
ARTICLE III - Registered Agent, Registered Office, & Reg	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or
another business entity with an active Florida registration.)	ec. \$
The name and the Florida street address of the registered agent	are:
1/ : D.D.	• 1
Kevin P. Powers	
Nam	:
615 S.W. Overlook Dr.	
Florida street address (P.O.	Box SOT accentable)

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.,

Stuart

City

FL

State

34994

Zip

Kanis P. Parere Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H24000415429 3)))

A	RT	CI	F	IV.

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

Title: "AMBR" = Authorized M	Mame and Address: mber
"MGR" = Manager MGR	Kevin P. Powers 615 S.W. Overlook Dr. Stuart, FL 34994
AMBR	Joshua D. Kellam 14027 Wind Flower Dr. West Palm Beach, FL 33418
·	2024 DE (
(Use attachment if necessa	y) = \frac{1}{\infty}
If an effective date is listed, the da he date of filing.)	·
REQUIRED SIGNATUR	E:
	Kania P. Panara
This docu I am awar	ature of a member or an authorized representative of a member, nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
<u>Ke</u>	rin P. Powers
	Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)