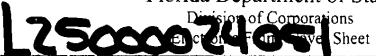
Florida Department of State



Ht.14.26

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To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20190000128 Phone : (850)769-3434 Fax Number : (251)544-1643

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

Email Address: Imedina @ hantfim.com

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FLORIDA LIMITED LIABILITY CO. THE PRUITT-GANN GROUP LLC

Certificate of Status	1
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Page Count	06
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25 JAN 15 AN 9: 51

SECRETARY OF STATE

To:

COVER LETTER

	New Filing Sea Division of Co					
SUBJEC		ITT-GANN GRO	UP			
300360	· ·	Na	me of Limi	ited Liabili	ty Company	
The encle	osed Articles of	Organization and	l fee(s) are	submitted	for filing.	
Please re	ura all corresp	ondence concerni	ng this mat	ter to the fo	ollowing:	
	DION J. MO	ONIZ, ESQ.				
			•	Name of	Person	
	HAND ARE	ENDALL HARRI	SON SALI	E		
	•			Firm/Cor	npany	
	35008 EME	RALD COAST P	ARKWAY	, SUITE 5	00	
				Addre	:\$S	
	DESTIN, FL	ORIĐA 32541				
			Cit	y/State and	Zip Code	·
	jmedina@han	dfirm.com				
	Ī	E-mail address: (t	o be used f	or future as	inual report notificat	ion)
For further	information co	ncerning this mat	er, please	call:		
	Jessica Media	па	850 at (650-0010	
	Nam	e of Person		a Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amo	unt:			
1⊒\$125.0	0 Filing Fee	■\$130.00 Filia Certificate of S		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

Docusign Envelope ID: 0482948F-CC1A-433F-AFD9-7082B4ED851E

18505025895 H 250000 | 788 | 3

	FORGANIZATION FOR	FIORIDALIMITEDIJA	BILLTY COMPANY		
ARTICLE I - Name: The name of the Limited Liabili	ty Company Is:				
The hank of the Elimited Elaphi	ty Company is.				
THE PRUITT-GAN					
(Must con	tain the words "Limited	Liability Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited Lia	hility Company is:		
Princip	al Office Address:		Mailing Addres	i <u>s</u> :	
132 Gentle Wind Co	urt		itle Wind Court		
Freeport, Florida 32	139	Freepon	t, Florida 32439		
another business entity with an The name and the Florida street	-				
	DION J. MONIZ, ES		····		
		Name			
		COAST PARKWAY, S			
	Florida street address (P.O. Box NOT acceptable)				
	DESTIN	FLORIDA	32541		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	. I hereby accept the app rovisions of all statutes t	pointment as registered a relating to the proper an	igent and agree to act in d complete performance	this capacity. It of my duties, an	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

Docusign Envelope ID: 0482948F-CC1A-433F-AFD9-7D82B4ED851E

H250000 178813

ARTICLE IV-

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

"A \ (D D " - A .	Name and Address: uthorized Member	
"MGR" = Mar		
MGR		
	132 GENTLE WIND COURT	•
	FREEPORT FLORIDA 32439	•
MGR	RICHARD GANN	
<u>,,</u>	132 GENTLE WIND COURT	•
	FREEPORT, FLORIDA 32439	
		•
		•
		-
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