

1/23/25, 9:25 AM

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

S. CHATHAM  
JAN 25 2025

From:

Account Name : HARROD PROPERTIES INC.  
Account Number : 120200000020  
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.**  
**Brooker Creek North VI LLC**

Certificate of Status	0
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

Brooker Creek North VI LLC

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

## ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:MAILING ADDRESS:Brooker Creek North VI LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609Brooker Creek North VI LLC  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &amp; 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)

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## 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

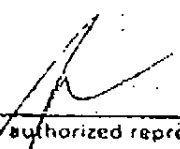
PATTI BENNETT  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

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

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