

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:

ECA800000005

REFERENCE:  
(Sub Account)

2020495

DATE:

11-27

REQUESTOR NAME:

LEXIS

ADDRESS:

TELEPHONE:

( ) ( ) ext ( )

CONTACT NAME:

100003051721--2

CORPORATION NAME:

Arbors at Tampa, LLC

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodyard

☐ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

☒ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call if Problem  
☐ Will Wait

☐ After 4:30  
☐ Pick Up

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS SECRETARY OF STATE  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

99 NOV 22 AM 10:59 99 NOV 22 PM 2:58

RECEIVED FILED

11/2

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: Arbors at Tampa, LLC

**ARTICLE II - Address:**

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

111 West Michigan Street, Milwaukee, WI 53203

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Lexis Document Services, Inc.  
3953 WW Kelley Road  
Name  
Tallahassee, FL 32311  
Florida street address (P.O. Box NOT acceptable)  
City, State, and Zip

*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 608, F.S.*

*[Signature]*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*[Signature]*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy J. Murphy, Assistant Secretary  
Typed or printed name of signer

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA