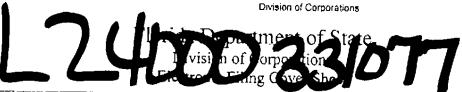
7/30/24, 10:02 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000256225 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

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. HP Partners OpCo LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Facsimile Audit Number: H24000256225 3

7/30/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	NAME
-------------	------

HP Partners OpCo LLC

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

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

HP Partners OpCo LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

HP Partners OpCo LLC

5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & 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)

Facsimile Audit Number: H24000256225 3

Facsimile Audit Number: H24000256225 3 7/30/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TAMPA, FL 33609 CHADWICK HARROD 5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609 ROBERT WEBSTER	
5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609	
TAMPA, FL 33609	
ROBERT WEBSTER	
5550 W. EXECUTIVE DRIVE, SUITE 550	
TAMPA, FL 33609	
GRAHAM MAVAR	
5550 W. EXECUTIVE DRIVE, SUITE 550	
TAMPA, FL 33609	_
PATTI BENNETT	
5550 W. EXECUTIVE DRIVE, SUITE 550	
TAMPA, FL 33609	_
JACK KELLEY	
5550 W. EXECUTIVE DRIVE, SUITE 550	
TAMPA, FL 33609	
NN THE DATE OF THIS FILING: 무슨 기를	_
(OPTIONAL)	-
//	
	GRAHAM MAVAR 5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609 PATTI BENNETT 5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609 JACK KELLEY 5550 W. EXECUTIVE DRIVE, SUITE 550 TAMPA, FL 33609

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 SIGNES	