

L04000055030

(Requestor's Name)

Charles Ruse, Jr.
500 NE 8th Avenue
Ocala, Florida 34470-5999

(Address)

(City/State/Zip/Phone #)

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ARTICLES OF ORGANIZATION
OF
SHADY ACRES ADULT MOBILE HOME PARK, L.L.C.
a Florida Limited Liability Company

ARTICLE I
NAME

The name of the corporation is SHADY ACRES ADULT MOBILE HOME PARK, L.L.C.
(the "Company")

ARTICLE II
PRINCIPAL ADDRESS

The mailing address and street address of the Company is:

16901 SE US HWY 301
SUMMERFIELD, FL 34491

ARTICLE III
DURATION

This Company shall exist perpetually.

ARTICLE IV
REGISTERED AGENT

The name and address of the registered agent of the Company shall be:

John Sullivan
16901 SE US HWY 301
SUMMERFIELD, FL 34491

SECRETARY
TALLAHASSEE

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FILED

**ARTICLE V
ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the company only upon the unanimous consent of all members.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

**ARTICLE VII
INITIAL MANAGER**

The name and address of the initial manager of the Company shall be:

John Sullivan
16901 SE US HWY 301
SUMMERFIELD, FL 34491

SECRETARY
TALLAHASSEE
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**ARTICLE VIII
INITIAL MEMBERS**

The names and addresses of the initial members of the Company shall be:

John Sullivan, 16901 SE US HWY 301, SUMMERFIELD, FL 34491
Mary Sullivan, his wife, 16901 SE US HWY 301, SUMMERFIELD, FL 34491

New Members may be admitted only upon unanimous consent of then existing members.

**AUTHORIZED REPRESENTATIVE OF
MEMBER SHADY ACRES ADULT MOBILE
HOME PARK L.L.C.**




John Sullivan

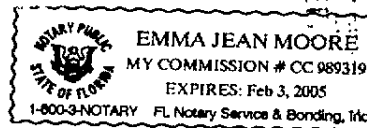
STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 15th day of July, 2004 by John Sullivan, as authorized representative of SHADY ACRES ADULT MOBILE HOME PARK, L.L.C., who ~~is personally known to me~~ *produced FL DC 5415-473-47-3360*

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Notary Public, State of Florida
My Commission Expires:



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ACCEPTANCE OF REGISTERED AGENT


Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is SHADY ACRES ADULT MOBILE HOME PARK, L.L.C.

The name and Florida street address of the Registered Agent are:

John Sullivan
16901 SE US HWY 301
SUMMERFIELD, FL 34491

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 company 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.

 (SEAL)
John Sullivan

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