

L22000429728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

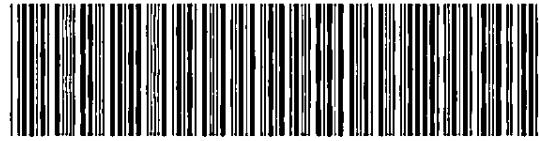
(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



500395229465

S. CHATHAM
OCT - 6 2022

10/04/22--01002--012 **125.00

FILED

2022 OCT -3 PM 3:34

FILED

FILED
OCT -5 PM 3:34

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ORANGE LAKE FINANCE LLC, a Florida limited liability company
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon McGraw

Name of Person

McGraw Rauba Mutarelli PA

Firm/Company

35 SE 1st Avenue, Suite 102

Address

Ocala, Florida 34471

City/State and Zip Code

jon@lawmrm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon McGraw

352

789-6520

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional 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

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: DANNY 10/3

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING

LLC _____

1. ORANGE LAKE FINANCE LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2022

CORPORATE ACCESS, INC.

SUBJECT: ORANGE LAKE FINANCE LLC
Ref. Number: W22000125449

Corrected

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 022A00022047

RECEIVED
2022 OCT -5 AM 11:44
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORANGE LAKE FINANCE LLC, a Florida limited liability company
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2101 SW 42nd Street</u>	<u>2101 SW 42nd Street</u>
<u>Ocala, Florida 34471</u>	<u>Ocala, Florida 34471</u>


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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>Jon McGraw</u>		
Name		
<u>2101 SW 42nd Street</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Ocala</u>	<u>Florida</u>	<u>34471</u>
City	State	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 605, F.S..



 Registered Agent's Signature (REQUIRED)
 (CONTINUED)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 22 OCT -5 PM 3:01

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

<u>MGR</u>	<u>Jon McGraw</u>
	<u>2101 SW 42nd Street</u>
	<u>Ocala, Florida 34471</u>
<hr/>	<hr/>
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(Use attachment if necessary)

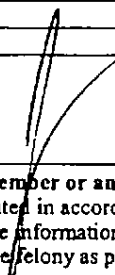
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (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.

Jon McGraw

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2007-5 P. 3:14