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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CELLA! (Name of Limited L	ND, LLC Liability Company)		. _. .
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	-	W03-	32470
DAVID A. YOUNG (Name of Person)			· · ·
David A. Young, Ir., CPA (Firm/Company)		· .	· .
1243 S.E. 22 nd Avenue (Address)			
Ocala, FL 34471 (City/State and Zip Code)			SECRETARY OF STATE DIVISION OF CORPORATION
For further information concerning this matter,	please call:		CORPOR 7 AM 10
David A. Young , al (Name of Person)	(Area Code & Daytime Phone)		# 04
STREET ADDRESS:	MAILING ADDRESS:		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 5, 2003

DAVID A YOUNG DAVID A YOUNG JR CPA 1243 S.E. 22ND AVENUE OCALA, FL 34471

SUBJECT: CELLAND, LLC Ref. Number: W03000032670 DA NON 1 J WHO: OF

We have received your document for CELLAND, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In addition to the signature of the member, the articles must include the signature of the agent, signing specific language accepting the designation as agent. Please either use the enclosed blank form, or add such language and signature to the form you submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 803A00060360

DAVID A. YOUNG. JR.

CERTIFIED PUBLIC ACCOUNTANT

1243 SOUTHEAST 22ND AVENUE OCALA, FL 34471-2661

November 14, 2003

PHONE:352-622-8532 FAX: 352-622-2654 CELL: 352-895-4873

Lee Rivers, Document Specialist Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Celland, LLC

Ref. No. W03000032670

TO WHO IT MAY CONCERN:

Thank you for your assistance.

A signed Acceptance of Designation as Agent is attached.

Sincerely,

David A. Young, Jr.

Certified Public Accountant

DAYJr:j

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ARTICLES OF ORGANIZATION OF CELLAND, LLC a Limited Liability Company

KNOW ALL MEN BY THESE PRESENTS: That I, Donna M. Healy, desiring to form a limited liability company for the purposes set forth herein and in conformance with the State of Florida Limited Liability Company Act, do establish:

- 1. Company Name. That the name of the limited liability company is CELLAND, LLC a Limited Liability Company.
- 2. <u>Duration</u>. That the period of duration of this limited liability company is thirty years from the date of filing hereof with the State of Florida, unless sooner dissolved as provided by State of Florida law.
- 3. <u>Purpose</u>. That the purpose for which this limited liability company is organized is primarily to purchase, own, lease and manage residential and commercial real estate, and to engage in any activity or business, that are permitted by law, within and without the State of Florida as the laws of the State of Florida and other states permit.
 - 4. <u>Principal Place of Business.</u> That the address of its principal place of business is 3315 SE 25th Avenue, Ocala, Florida 34471.
- 5. Registered Agent and Office. That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Donna M. Healy, and address of the agent at the registered office is 3315 SE 25th Avenue, Ocala, Florida 34471.
- 6. <u>Capitalization</u>. That the total capital contributions of each Member, which is his erits respective undivided interest in personal property having at least a value totaling \$1,000.00 should be allocated as follows:

Donna M. Healy, President & Managing Partner, 3315 SW 25th Avenue, Ocala, Floried 34471-\$900.00 and Raymond N. Strickland, Treasurer, 1724 SE 17th Avenue, Ocala, Florida 34471-\$100.00

- 7. Additional Liability of Members. That no additional capital contributions will be required.
- 8. <u>Admission of Additional Members</u>. That additional Members will be admitted or expelled only with the unanimous consent of all Members entitled to participate in management and upon such terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
- 9. <u>Continuity of Life.</u> That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if they unanimously elect to do so. The return of capital and the distribution of profits shall be determined from the company's books, as of the effective date of withdrawal, based on generally accepted accounting practices, and paid as soon as practicable without diminishing the prospects of the company's ventures and subject to the limitations of the State of Florida Limited Liability Company Act.
- 10 <u>Management</u>. The business of the company shall be conducted under the exclusive management of its Members, or outside managers if its Members unanimously elect,

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who shall have exclusive authority to act for the company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified by the OPERATING AGREEMENT.				
DATED this 28 day of October 2003.				
Donna M. Healy CHRIS O. MARTIN My Comm Exp 10/6/2005 Comm No DD041194 Personally Known [] Other ID				
Notary's Acknowledgment				
State of Florida) ss County of Marian)				
On this Donna M. Healy, before me personally appeared Donna M. Healy, to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that Donna M. Healy executed the same as Her free act and deed.				
Olins Martin Notary Public				

ARTICLES OF ORGANIZATION OF CELLAND, LLC A Limited Liability Company

Acceptance of appointment as registered agent, as per Article 5:

Donna M. Heal	<u>Y</u>
Name	
3315 S.E. 25 th Aven	ue
Florida street address (P.O. Box NO	T acceptable)
Ocala, Florida	<u> 34471 </u>
City, State, & Zip	

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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, Florida Statutes.

Registered Agent's Signature