

# L05000011969

Division of Corporations

P.01

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

## LIMITED LIABILITY COMPANY

JKL Ocala Development, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

|                   |                            |
|-------------------|----------------------------|
| Name              | JKL Ocala Development, LLC |
| Address           |                            |
| City              |                            |
| State             |                            |
| Zip               |                            |
| County            |                            |
| Principal Officer |                            |
| W. P. Verifier    |                            |

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

The name of the Limited Liability Company is:

JKL OCALA DEVELOPMENT, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**101 South Main StreetSuite 305-CClinton, TN 37716**Mailing Address:**101 South Main StreetSuite 305-CClinton, TN 37716**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

John S. Inglis, Esquire

Name

101 E. Kennedy Blvd., Ste. 2800Florida street address (P.O. Box **NOT** acceptable)TampaFL 33602

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..*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM \_\_\_\_\_

John G. Moore, III

101 South Main Street, Ste. 305-C

Clinton, TN 33716

MGRM \_\_\_\_\_

Linda Borlick

41 Candle Terrace

Orinda, CA 94563


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED 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.)

John S. Inglis, Authorized Representative

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)**

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