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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY

16 FIR TRAIL TERRACE LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

16 FIR TRAIL TERRACE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

16 FIR TRAIL TERRACE  
OCALA, FL 34472

**Mailing Address:**

16 FIR TRAIL TERRACE  
OCALA, FL 34472

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

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

SUBHAS RAMROOP

Name

16 FIR TRAIL TERRACE

Florida street address (P.O. Box NOT acceptable)

OCALA FL 34472

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

SUBHAS RAMROOP

18 FIR TRAIL TERRACE

OCALA, FL 34472

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(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 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.)

SUBHAS RAMROOP

Typed or printed name of signer

**Filing Fees:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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