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SECHETARY OF STATE

JUN-7 AMII:

TRANSMITTAL LETTER

TO: Registration Se Division of Cor	ction porations					
SUBJECT: Oak Mea	dow Properties LLC (Name of Limited	d Liability Compa	ny)		_	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing	g .			
Please return all correspondent	ondence concerning this matte	r to the following	:			
Frankie E		Name of Person)				
	`	ŕ				
	(1	Firm/Company)				
10 Middle G	round Road					
to Madio G	Todaya Tabas	(Address)	· · · · · · · · · · · · · · · · · · ·			
Ocala	ı, FL 34482				Z Z	05
	(City/	State and Zip Code)		CAHAS ATHOS	- HID
For further information of	concerning this matter, please	call:			SH SH SH	05 JUN -7 AM 11:08
Frankie E. York		at (352	873-3233		- CF STA	=
(Name	of Person)		e & Daytime To	lephone Number)	- 資語	08
Enclosed is a check fo	r the following amount:					~
□ \$125.00 Filing Fee	☐ \$130,00 Filing Fee & Certificate of Status		y	\$160.00 Filin Certificate of Sta Certified Copy (additional copy is e	atus &	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

FILE

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

The name of the Limited Liability Company is:

Oak Meadow Properties LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10 Middle Ground Road
Ocala, FL 34482

Ocala, FL 34482

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

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

Frankie E. York

Name

10 Middle Ground Road

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

Ocala, FL 34482

FL

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 proyided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing N	Member
MGR	Gary James Thompson
	20922 Franwood Drive
	Saugus, CA 91350
MGR	Linas Martinenas
	27860 Cherry Creed Drive
	Santa Clarita, CA 91354
(Use attachment if neces	
NOTE: An additional	article must be added if an effective date is requested.
REQUIRED SIGNATI	TRE:
Signatu	are of a member or an authorized representative of a member.
of this	ordance with section 608.408(3)/Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury he facts stated herein are true.)
Frank	ie E. York
~	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for A	rticles of Organization and Designation

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

SECRETARY OF STAT