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(Requestor's Name)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Eiling Officer	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations P.O. Box6327 Tallahassee, FL 32399

SUBJECT:

OCALA FAMILY, LLC

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

Please return all correspondence concerning this matter to the following:

Gerald K. Holstein, CPA 8320 West Sunrise Blvd., Suite 203 Plantation, FL 33322-5432

For further information concerning this matter, please call: Gerald Holstein, at: (954) 370-8220

Enclosed is a check for the following amount:

\$125.00 Filing Fee

ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is: OCALA FAMILY, LLC.

ARTICLE II - Address:

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

8320 West Sunrise Blvd., Suite 203 Plantation, FL 33322-5432

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

Gerald K. Holstein 8320 West Sunrise Blvd. Suite 203 Plantation, FL 33322-5432

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:

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

MGR:

, 1

Gerald K. Holstein 8320 West Sunrise Blvd., Suite 203 Plantation, FL 33322

MGRM:

Peter Holden 8320 West Sunrise Blvd., Suite 203 Plantation, FL 33322

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.)

Peter Holden

Page 2 of 2 (OCALA FAMILY, LLC.)