

Division of Corporations

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

6545 TERRACE REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Justin T. Reed  
Blumberg/Excelsior Corporate Services, Inc.  
62 White Street  
New York, NY 10013

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

The name of the Limited Liability Company is:

6545 TERRACE REALTY, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**6545 SOUTHWEST 50TH TERRACE  
OCALA, FL 34474**Mailing Address:**6545 SOUTHWEST 50TH TERRACE  
OCALA, FL 34474**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CHARLES CASCIO

Name

6545 SOUTHWEST 50TH TERRACEFlorida street address (P.O. Box NOT acceptable)OCALA, FL 34474

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 provided for in Chapter 608, F.S.*



Registered Agent's Signature

(CONTINUED)

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

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

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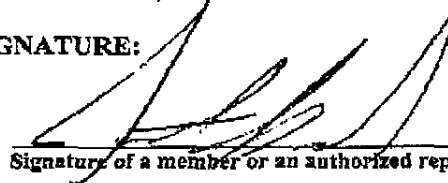
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMCHARLES CASCIO6545 SOUTHWEST 50TH TERRACEOCALA, FL 34474

(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.)

Justin Reed, Organizer

Typed or printed name of signer

**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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