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FLORIDA/FOREIGN LIMITED LIABILITY CO

484 Investments, LLC

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FAX AUDIT # 4070000213773

**ARTICLES OF ORGANIZATION
OF
484 Investments, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **484 Investments, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 8900 S. Magnolia Ave., Ocala, Florida 34476.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Rosemarie Riddle, 8900 S. Magnolia Ave., Ocala, Florida 34476. Located in the County of Marion.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the names and addresses of the managers of the Limited Liability Company are:

Rosemarie Riddle, 8900 S. Magnolia Ave., Ocala, Florida 34476
Paul D. Riddle, 8900 S. Magnolia Ave., Ocala, Florida 34476



Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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4070000213773CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **484 Investments, LLC**

The name and address of the registered agent and office is Rosemarie Riddle, 8900 S.
Magnolia Ave., Ocala, Florida 34476. Located in the County of Marion.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature:

Rosemarie Riddle
Rosemarie Riddle

Date:

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TALLAHASSEE, FLORIDA

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