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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE CIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|--|---|------------------------|
| SUBJECT: | partieus Re | al Estate, d Liability Company) | LLC | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all correspondent | ondence concerning this matte | er to the following: | | |
| | Lan andre | uus | | |
| ——9 | Sparticus + | Name of Person) Lul E Haye Firm/Company) | LLC | |
| | 141 40 E. | 3rd Street | # Suite # 1 | |
| | Deala, Sea. | (Address) | | |
| | ' (City | /State and Zip Code) | | T MAR |
| For further information of | concerning this matter, please | call: | | R-8 |
| Lan and | Rems_ | at (<u>352</u>) 864 | -1725 | TOF STATIONS AM 11: 04 |
| / (Name | of Person) | (Area Code & Daytime T | elephone Number) | : e |
| Enclosed is a check fo | r the following amount: | | | + ₀ , |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Status Certified Copy (additional copy is encl | s & |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | <u>ss</u> | |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| (Must end with the words "Limited Liability Company", "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 741 4. E. 32 Strut 741 4. E. 32 Strut, Suite #1 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: Name Name |
| 741 No E. Bry Attut Florida street address (P.O. Box NOT acceptable) |

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 (REQUIRED)

(CONTINUED) Page 1 of 2

| Title: "MGR" = Manag | ger | Name and Address: | |
|--|--|--|--------------|
| "MGRM" = Man | | | |
| MGR | _ | Lan andrews, Preside | ert — |
| | | Ocala, Ola. 34470 | |
| MGRM | _ | Linda Longo Vice Pre | sid _ |
| | | Ocola, Sla. 3447 | |
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| au . | | | |
| (Use attachment | if necessary) | | |
| LE V: Effective | date, if other than the | date of filing: (OPT | IONA |
| LE V: Effective of fective date is lised days after the days | date, if other than the ted, the date must be te of filing.) | date of filing: (OPT e specific and cannot be more than five busines | IONA |
| LE V: Effective of fective date is lis | date, if other than the ted, the date must be te of filing.) | date of filing: (OPT e specific and cannot be more than five busines | IONA |
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| LE V: Effective of fective date is lised days after the days | date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with secondaries) | e specific and cannot be more than five business of the control o | ION <i>A</i> |
| LE V: Effective of fective date is lised days after the days | date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated h | e specific and cannot be more than five business of the control o | IONA |
| LE V: Effective of fective date is listed days after the days afte | date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitutat the facts stated here. | e specific and cannot be more than five business of or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury herein are true.) | IONA |
| LE V: Effective of fective date is lised days after the days | date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitutat the facts stated here. | e specific and cannot be more than five business of the control o | IONA |

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