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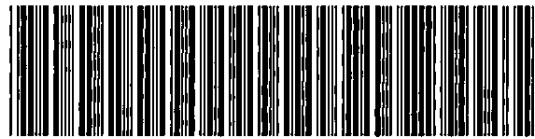
(Business Entity Name)

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March 21, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S)**

Oaklawn, LLC

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**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OAKLAWN, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2828 N.E. 7<sup>th</sup> Street  
Ocala FL 34470

**Mailing Address:**

137 Carrington Road  
Huntington MA 01050

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

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

Carolyn M. Fuller  
2828 N.E. 7<sup>th</sup> Street  
Ocala FL 34470

*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, Florida Statutes.*

  
Carolyn M. Fuller

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

The names and addresses of the Manager(s) is/are as follows:

**Title:**

**Name and Address:**

"MGR"

David R. Fuller  
2828 N.E. 7<sup>th</sup> Street  
Ocala FL 34470

"MGR"

Carolyn M. Fuller  
2828 N.E. 7<sup>th</sup> Street  
Ocala FL 34470

**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.)

\_\_\_\_\_  
Carolyn M. Fuller  
Typed or printed name of signee