

LO7000033618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

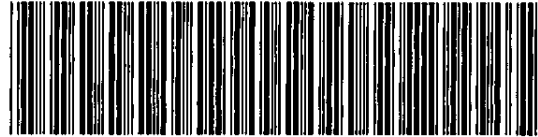
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

EFFECTIVE DATE 3/22/07

DB

**JOHN C. TRENTELMAN**

**ATTORNEY AT LAW**

207 NORTH MAGNOLIA AVENUE

P.O. BOX 5863

OCALA, FLORIDA

34475

REAL ESTATE  
PROBATE  
GENERAL PRACTICE  
TELEPHONE 352-732-6977  
FAX 352-732-6981

March 26, 2007

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee Florida 32314

Re: OCALA HOMES, LLC.

Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,

  
John C. Trentelman

JCT/vmc  
enclosure

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## ARTICLES OF ORGANIZATION

OCALA HOMES, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is OCALA HOMES, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
3511 SE 31<sup>st</sup> St., Ocala, FL 34471
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
3511 SE 31<sup>st</sup> St., Ocala, FL 34471
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s). The initial members are Gasper Lupo, as Trustee of the Gasper Lupo Revocable Living Trust u/t/d Nov. 30, 2005, 3511 SE 31<sup>st</sup> St., Ocala, FL 34471, and Josephine Lupo, as Trustee of the Josephine Lupo Revocable Living Trust u/t/d Nov. 30, 2005, 3511 SE 31<sup>st</sup> St., Ocala, FL 34471
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::

Gasper Lupo  
3511 SE 31<sup>st</sup> St.  
Ocala, FL 34471

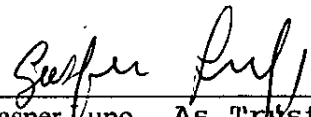
EFFECTIVE DATE 3-28-07

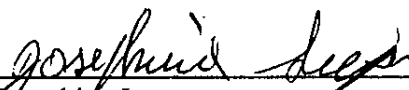
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
\_\_\_\_\_  
Gasper Lupo

8. **Effective Date.** The effective date of the limited liability company shall be:

March 22, 2007.

  
\_\_\_\_\_  
Gasper Lupo, As Trustee  
Member

  
\_\_\_\_\_  
Josephine Lupo, as Trustee  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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