Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H0800000067 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LORIDA/FOREIGN LIMITED LIABILITY CO.

OCALA BARN BUILDERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company OCALA BARN BUILDERS, LLC	ia:
ARTICLE II - Address: The mailing address and street address of the	principle office of the Limited Liability Company is:
Principle Office Address:	Mailing Address:
6735 SE 180 TH AVE RD	739 EAST SILVER SPRINGS BLVD
OCKLAWAHA, FL 32179	OCKLAWAHA, FL 32179
,	ñ
	e registered agent are:
The name and the Florida street address of th	N Name
6735 SE 180 TH AV	ne registered agent are: No Name ERD SS (P.O. Box NOT acceptable)

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

agree to act in this capacity. I further agree to comply with the provisions of all stantes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agents provided for in Chapter 608, Florida Statutes.

ARTICLE IV - Manager(s The name and address of each Ma	i) or Managing Member(s): nager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	2 to the state Plantices.
"MGRM" = Managing Member	
MGRM	RUSTY JACKSON
	6735 SE 180 TH AVE RD
	OCKLAWAHA, FL 32179
MGRM	ELIAS I CUMBESS
	695 SE 150 TH ST
	SUMMERFIELD, FL 34491
•	
	N.
(Use attachment if necessary)	
NOTE: An additional artic	cle must be added if an effective date is requested.
REQUIRED SIGNATURE	
V	ne /
Signature of a m	embar or an authorized representative of a member.
(In accordance w	rith section 608,408(3), Florida Statutes, the execution
of this document	constitutes an affirmation under penalties of perjury
that the facts stat	ed herein are true.)
RU	STY JACKSON
	Typed or printed name of signce