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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GILLIGAN, KING & GOODING, P.A. Account Number : 120010000016 Phone : (352)867-7707 Fax Number : (352)867-0237

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: Porter Ocala, LLC

ARTICLE II - Address

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

14200 SE Highway 441 Summerfield, FL 34491

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

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

Name:
Florida street address:
City, State, and Zip

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W. James Gooding III, Esquire 1531 SE 36th Avenue Ocala, Florida 34471

Having been named as registered agent and to accept service of process for the above singlimited liability company, at the place designated in this certificate, I hereby accept 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.

WS Signature erstered A

Article IV - Management (Check box if applicable.)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member of an authorized pepresentative 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.)

W. James Gooding III, Esquire as authorized representative of a member Typed or printed name of signee.

E/JG/TWI 75/Porter/Easy St/LLC - Ocala Porter/Articles of Organization doc