

W8000018004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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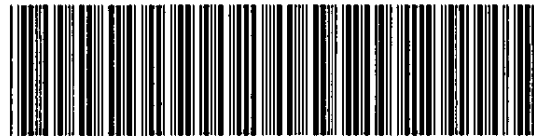
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2008 FEB 20 AM 10:00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. CLINE

FEB 20 2008

EXAMINER



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(850) 681-6528

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UCC SERVICES
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February 20, 2008

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

R P Enterprises of Ocala, LLC

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	
X	Profit
	Non Profit
	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

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2008 FEB 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

R P ENTERPRISES OF OCALA, LLC

ARTICLE II - Address:

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

Principal Office Address:

4615 NW 110th Avenue
Ocala FL 34482

Mailing Address:

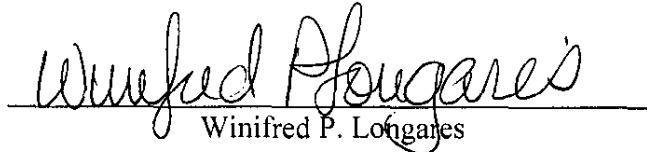
4615 NW 110th Avenue
Ocala FL 34482

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

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

Winifred P. Longares
4615 NW 110th Ave.
Ocala, FL 34482

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.


Winifred P. Longares

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TALLAHASSEE, FLORIDA

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

The names and addresses of the Managers are as follows:

Title:

Name and Address:

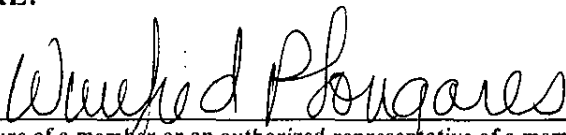
"MGR"

Winifred P. Longares
4615 NW 110th Avenue
Ocala, FL 34482

"MGR"

Robert A. Prah
4615 NW 110th Avenue
Ocala, FL 34482

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.)

Winifred P. Longares
Typed or printed name of signee

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TALLAHASSEE, FLORIDA