

**L08000108335**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV 20 PM 12:39

**FILED**

**C. LEWIS**

NOV 21 2008

**EXAMINER**

**LAW OFFICES OF**  
***Lorenzo Ramunno, Esq.***

**ATTORNEY & COUNSELOR AT LAW**

**Loren Ramunno, Esq.**  
**Member Bar N.Y. & FLA.**

**RAMUNNO LAW FIRM P. A.**  
**7500 SW 61<sup>st</sup> Ave. Suite 100**  
**P.O. Box 771313**  
**OCALA, FL. 34477-1313**  
**(352) 854-5570**  
**(352) 854-9287 Fax**

November 17, 2008

Department of State  
Division of Corporation Filings  
409 E. Gaines Street  
Tallahassee, Fl. 32399

Department of State  
Division of Corporation Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: MC 2221, L. L. C.

Dear Sir;

Enclosed herein is an original and two copies of the articles of incorporation of the above named corporation.

Also enclosed is our filing fee of \$130.00 to include a certified copy and a certificate of status

Kindly return the stamped copy as evidence of filing to the Corporation to this office.

Thank You.

Sincerely,  
SIGNED

Lorenzo Ramunno, Esq.

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ARTICLES OF ORGANIZATION  
OF  
MC 2221, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is MC 2221, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:  
4919 SW 41<sup>st</sup> Place  
Ocala, Fl. 34474

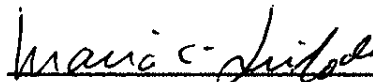
Mailing Address:  
4919 SW 41<sup>st</sup> Place  
Ocala, Fl. 34474

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Maria C Tripodi  
4919 SW 41<sup>st</sup> Place  
Ocala, Fl. 34474

*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..*


  
\_\_\_\_\_  
Maria C Tripodi

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address</u>
MGMR	Maria C Tripodi

*Susan K. [unclear] 11/18/08*

  
SHAHAB AHMED  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01AH4874056  
Qualified in Nassau County  
My Commission Expires June 21, 20\_\_

4919 SW 41<sup>st</sup> Place  
Ocala, FL 34474

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TALLAHASSEE, FLORIDA

## ARTICLE V - OTHER MATTERS

Operations of this Organization shall be by the managing member.

### 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.)

Maria C Tripodi, MGMR  
\_\_\_\_\_  
Typed or printed name of signer

Sworn before me  
11/18/08



SHAHAB AHMED  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01AH4874056  
Qualified in Nassau County  
My Commission Expires June 21, 2011