

L09000015791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

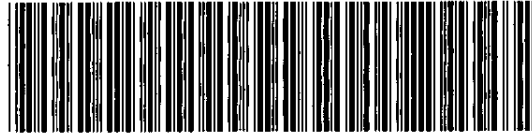
(Business Entity Name)

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DIVISION OF CORPORATIONS
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09 FEB 17 AM 10:55
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 17 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Turn Palm of Marion
County LLC

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TALLAHASSEE, FLORIDA

Signature _____

Requested by: Seth

Date 2/17

Time 11:00

Name _____

Will Pick Up _____

Walk-In _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION
OF
TWIN PALM OF MARION COUNTY, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge and file these Articles of Organization.

ARTICLE I - NAME

The name of the Limited Liability Company shall be TWIN PALM OF MARION COUNTY, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office shall be: 321 S.E. 29th Place, Ste. 101, Ocala, Florida 34471.

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless earlier dissolved as provided in the Operating Agreement.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the State of Florida is Robert D. Wilson, 954 E. Silver Springs Blvd., Suite 101, Ocala, Florida 34471

ARTICLE V - CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company the cash or property as more fully set forth in the Operating Agreement.

ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company as set forth in the Operating Agreement.

ARTICLE VII - MANAGEMENT

Company shall be managed by its member/manager in accordance with the terms and conditions of the Operating Agreement. The Operating Agreement may contain other

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provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the organizer of the Company is: Nirav Gupta and Derek Farr, 321 S.E. 29th Place, Suite 101, Ocala, Florida 34471.

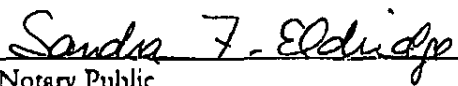
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Marion County, Florida on this 6 day of Feb, 2009.

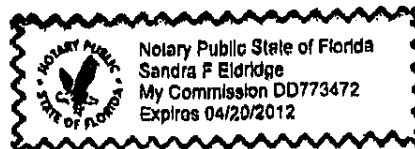

NIRAV GUPTA


DEREK FARR

STATE OF FLORIDA
COUNTY OF MARION

The foregoing was acknowledged this 6 day of February, 2009, by Nirav Gupta and Derek Farr, who are (a) ☒ personally known to me or (b) ☒ produced a ~~driver license as~~ Hospital ID Badge # 18645 Photo ID. identification.

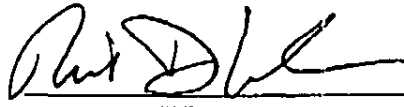

Notary Public



CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

Robert D. Wilson, being the person named in the Articles of Organization of Twin Palm of Marion County, LLC, as the Registered Agent of this Limited Liability Company, hereby consents to acceptance of service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with, and accepts the obligations of the position of Registered Agent.

Dated this 6th day of February, 2009.

A handwritten signature in black ink, appearing to read "Robert D. Wilson", written over a horizontal line.

Robert D. Wilson