

**L10000018601**

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

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

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

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

☐

PICK-UP

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WAIT

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MAIL

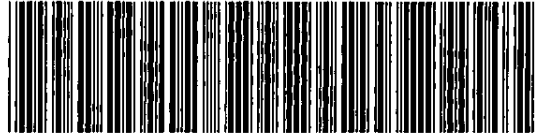
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 FEB 17 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**C. LEWIS**

**FEB 18 2010**

**EXAMINER**

GARDENGATE OCALA, LLC

5215 SE 39<sup>th</sup> Loop  
Ocala, FL 34480

February 13, 2010

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

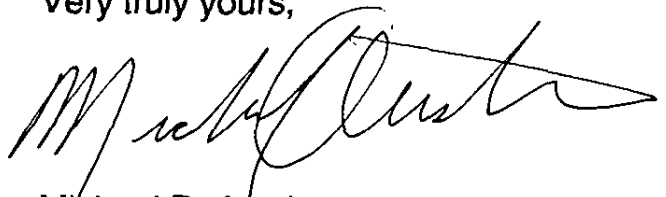
Re: GARDENGATE OCALA, LLC

Gentlemen:

Enclosed please find Articles of Organization for GARDENGATE OCALA, LLC and check in the amount of \$125.00 for filing.

Please provide me with a letter of acknowledgement of filing.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael D. Austin", with a long horizontal flourish extending to the right.

Michael D. Austin

352-342-0562

gardengateocala@gmail.com

ARTICLES OF ORGANIZATION  
Of  
GARDENGATE OCALA, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned members hereby form a limited liability company  
under the laws of the State of Florida:

ARTICLE 1 – Name

The name of this Limited Liability Company is:

GARDENGATE OCALA, LLC

ARTICLE 2 – Address

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

5215 SE 39th Loop  
Ocala, FL 34480

ARTICLE 3 – Registered Agent, Registered Office and Registered  
Agent's Signature

SUZANNE L AUSTIN  
5215 SE 39th Loop  
Ocala, FL 34480

*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.*

  
**Registered Agent's Signature**

#### **Article 4 - Management**

The name and address of the managing member/managers are:

Title: MGRM

Michael D. Austin  
5215 SE 39th Loop  
Ocala, FL 34479

Suzanne L. Austin  
5215 SE 39th Loop  
Ocala, FL 34479

Joshua D. Austin  
302 Perimeter Center N  
Apt # 1223  
Atlanta, GA 30346

*(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.)*



MICHAEL D AUSTIN, member

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