

L100000040105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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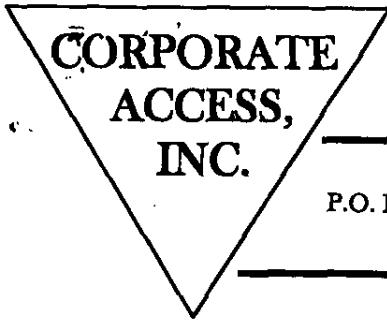
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

APR 14 2010

EXAMINER

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DIVISION OF CORPORATIONS  
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## WALK IN

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- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING LLC \_\_\_\_\_

1. Magnolia Garden Estates Amenity, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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

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10 APR 14 PM 2:42

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MAGNOLIA GARDEN ESTATES AMENITY, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

3920 SW 30<sup>th</sup> Street  
Ocala FL 34474

**Mailing Address:**

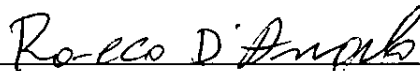
3920 SW 30<sup>th</sup> Street  
Ocala FL 34474

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

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

Rocco D'Angelo  
3920 SW 30<sup>th</sup> Street  
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, Florida Statutes.*

  
\_\_\_\_\_  
Rocco D'Angelo

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

The name and address of the Managers are as follows:

**Title:**

**Name and Address:**

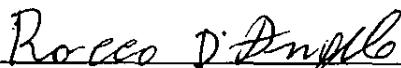
"MGR"

Rocco D'Angelo  
3920 SW 30<sup>th</sup> Street  
Ocala FL 34474

"MGR"

Linden L. D'Angelo  
3920 SW 30<sup>th</sup> Street  
Ocala FL 34474

**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.)

\_\_\_\_\_  
Rocco D'Angelo

Typed or printed name of signee