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T3 AUG 12 AM 10: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

TILTU

(850) 245-6051.

,	COVER LETTER
TO:	Registration Section Division of Corporations
SUBJE	CCT: Ocala Consulfing + Prevention, LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jackie Cabson
	Name of Person
	Ocala Consulting + Prevention
	Firm/Company
	2100 SE 17th Street Suite 701
	Address
	Ocala, FI 34471
	Ocalaronsulting a gmail-com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
$\int \alpha$	clie Caloson at 352, 817-7130
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
□\$125.	00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street/Courier Address

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC.	LE	I-	. N	ame:
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The name of the Limited Liability Company is:

Ocala Consulting to Prevention, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2100 SE 17th Street	2100 SE 17th Sheet
Suite 701	Suite 701
Ocala, FL 34471	Ocala, FL 34471
Suite 701 Ocala, FL 34471	Scala, FL 34471

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

HGO SW HOM Cart #503

Florida street address (P.O. Box NOT acceptable)

Ocala FL 34474

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECKLIARY OF STATE.

ARTICLE IV-	Manager(s)	or Managing	Member(s):
			*	٠,٠

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MCR	Jackie (5, 1000) 4900 sw 4,000 cox + #503
MGR	Cara Bianchi
· 	
,	
(Use attachment if necessary)	ol-loo.
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: 85003. (OPTIONAL) be specific and cannot be more than five business days
REOUIRED 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)