

L13000137716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

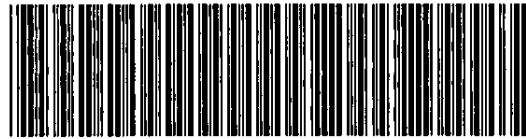
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 30 2013

A. LUNT

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2013 SEP 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Timber Ridge Hearing Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn M. Hunt
Name of Person
Timber Ridge Hearing Center, LLC
Firm/Company
62 Lake View DRIVE EAST
Address
Ocala, FL. 34482
City/State and Zip Code
mhunt@reagan.com
E-mail address: (to be used for future annual report notification)

2013 SEP 25 PM 2:46
RECEIVED
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Marilyn M. Hunt at (352) 237-3191
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Timber Ridge Hearing Center, 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:

9401 State Road 200, #403
Ocala,
FL. 34481

Mailing Address:

62 Lake View DR. East
Ocala,
FL. 34482

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:

Marilyn M. Hunt
Name

62 Lake View DRIVE EAST

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

Ocala, FL 34482

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..

Marilyn M. Hunt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2013 SEP 25 PM 2:46
CLERK OF STATE
TALLAHASSEE FL 32399

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Marilyn M. Hunt
62 Lake View DR. East
OCALA, FL 34482

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/26/2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

FILED
2013 SEP 25 11:46
CLERK OF CIRCUIT COURT
FLORIDA 13th JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY

REQUIRED SIGNATURE:

Marilyn M. Hunt

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.)

Marilyn M. HUNT

Typed or printed name of signee

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)