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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAWASSEE, FLORIDA

-+COVER LETTER

TO:	Registration Division of C	Section Corporations	· ·	
SUBJI	ECT: <u>4420 v</u>	/ HWY 40 LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Todd Ru	dnianyn	Name of Person	
	4420 W	HWY 40 LLC	Firm/Company	
	2441 NE	3rd Street Suite 201	Address	
	Ocala, F		ity/State and Zip Code	
	ception@IPS	Ocala.com E-mail address: (to be used n concerning this matter, please	d for future annual report notifi	cation)
Todd	Rudnianyn Nan	at (_;		elephone Number
Enclos	ed is a check fo	or the following amount:		
\$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fiting 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 L	iability Company is:		
4420 W HWY 40 LLC			
(Must	end with the words "Limit	ed Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited Liabil	lity Company is:
Principal Office Address:		Mailing Address:	
2441 NE 3rd Street Su Ocala, FL 34470		2441 NE 3rd Street Ocala, FL 34470	
	npany cannot serve as its ov h an active Florida registrat	tion.)	i gnature: nust designate an individual or
		•	
10	dd Rudnianyn Nar	me	
<u>24</u> Fl	41 NE 3rd Street Suite orida street address (P.O. B	201 ox <u>NOT</u> acceptable)	
<u>Oc</u>	ala	FL 34470	
	City	Zip	
the place designated in capacity. I further agree	this certificate, I hereby acc to comply with the provision imiliar with and accept the c	ept the appointment as regis is of all statutes relating to th	ove stated limited liability company at tered agent and agree to act in this he proper and complete performance registered agent as provided for in
_	Registered Agent's Sig	nature (REQUIRED)	
	(CONTIN		15 JAN -2 ECRETAR LLAHASS
			The state of the s

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Todd Rudnianyn
	2441 NE 3rd Street Suite 201
	Ocala, FL 34470
 	
EV: Effective date, if other than tective date is listed, the date mus	ne date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than tective date is listed, the date must of filing.)	ne date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	ne date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E V: Effective date, if other than tective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90
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ARTICLE IV-

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