

L15000043299

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : I26010000016
Phone : (352)867-7707
Fax Number : (352)867-0237

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
2626 NW 35th Street, LLC

Table with 2 columns: Item and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$125.00).

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BUREAU OF CORPORATIONS
INFORMATION SERVICES

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GILLIGAN KING GOODIN

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Division of Corporations

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

2626 NW 35th Street, LLC

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

4701 NE 36th Avenue
Ocala, FL 34472

P.O. Box 608
Ocala, FL 34478

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:

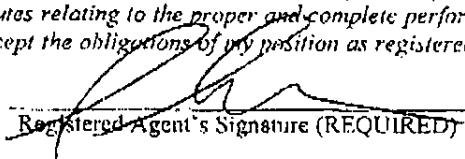
Scott Sumner
Name

4701 NE 36th Avenue
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34472
City, State, and Zip

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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 605, F.S.


Registered Agent’s Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	

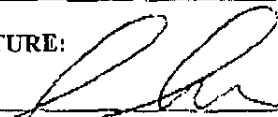
<u>MGR</u>	<u>Scott Sumner</u> <u>4701 NE 36th Avenue</u> <u>Ocala, FL 34479</u>
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_____	_____
_____	_____
_____	_____

ARTICLE V: Effective Date, if other than the date of filing: _____ (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).

ARTICLE VI: Other Provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1) (b), 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.

Scott Sumner
Typed or printed name of signee

E:\Q\Sumner Scott\2626 NW 35th LLC\LLC Docs\Articles of Organization 3-9-15.docx

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