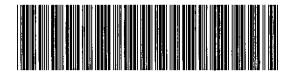
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S. GILBERT

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COVER LETTER

Div	vision of Co	rporations			
SUBJECT:		mrock Acres, LLC			
SUBJECT.		Name of I	limited Liabili	ty Company	· · · · · · · · · · · · · · · · · · ·
The enclose	d Articles o	f Organization and fee(s)	are submitted	for filing.	
Please return	n all corresp	ondence concerning this	matter to the f	ollowing:	
	Adam Czay	va, Esq.			
•			Name of	Person	- ·- -
	Law Office	of Keith R. Taylor, P.A.			
•			Firm/Co	mpany	
	P.O. Box 20	016			
-			Addr	ess	
	Lecanto, FI	. 34460			
-			City/State and	d Zip Code	
iı	nfo@keithta	ylorlaw.com			
		E-mail address: (to be us	ed for future a	nnual report notifica	ation)
For further in	formation co	oncerning this matter, ple	ase call:		
1	Mike Russ	at (352	795-6745	
_	Nar	ne of Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for	the following amount:			
\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status		0 Filing Fee & ed Copy	\$160.00 Filing Fee, Certificate of Status &

Mailing Address

Registration Section

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

Street Address

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

AR1	rici	LE I	[-]	Vя	me

The name of the Limited Liability Company is:

15 JUN - 1 PM 1:45

SECRETARLY OF STATE
TALLARASSEE, FLORIDA

R3 of Shamrock Acres, LLC

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

Principal Offic	ee Address: Ma	iling Address:
18704 W. CR 328	P.O. Box 730	
Dunnellon, FL 34432	Dunnellon, FL 344	430
nother business entity with an active F	•	gnate an individual o
another business entity with an active F	lorida registration.)	gnate an individual (
another business entity with an active F The name and the Florida street address	lorida registration.)	gnate an individual o
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nother business entity with an active F The name and the Florida street address Keitl	lorida registration.) of the registered agent are: h R. Taylor, Esq.	gnate an individual
another business entity with an active F The name and the Florida street address Keitl 1143	lorida registration.) of the registered agent are: h R. Taylor, Esq. Name	gnate an individual

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 dosition as registered agent as provided for in Chapter 605, F.S..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

Title:		Name and Address:
"AMBR" = Autho		
"MGR" = Manage AMBR	r	Michael Russ, Sr.
AWIDK .		6703 N. Myaka Ave.
		Crystal River, FL 34428
A LODD		M' Los Door T
AMBR		Michael Russ, Jr. 6615 N. Paraqua Circle
		Crystal River, FL 34428
		Crystal River, FL 34426
AMBR		Jason Russ
		6607 N. Myaka Ave.
		Crystal River, FL 34428
EV: Effective datective datective date is lister filling.) the date inserted i	e, if other than the date of 1, the date must be speciful in this block does not mee	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 d t the applicable statutory filing requirements, this date will not b
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ARTICLE İV-

\$ 5.00 Certificate of Status (Optional)