

L16000003168

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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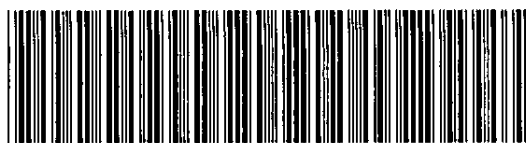
(Business Entity Name)

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1. ACKNOWLEDGE
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16 JAN -8 PM 12:30
DEPT. OF STATE
OFFICE OF THE SECRETARY

JAN 08 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 947554 9666A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : January 7, 2016

ORDER TIME : 10:20 AM

ORDER NO. : 947554-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: L.D.B. OF OCALA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
L.D.B. OF OCALA, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.
NAME**

The name of the Limited Liability Company is "L.D.B. of Ocala, LLC" (the "Company").

**ARTICLE II.
ADDRESS**

The mailing address and street address of the principal office of the Company is 935 SE 42nd Street, Ocala, FL 34480.

**ARTICLE III.
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Revised Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

**ARTICLE IV.
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager or Managers.

**ARTICLE V.
PURPOSE**

The purpose for which the Company is being organized is to acquire and develop, whether in its own capacity or as joint venture partner, real property, and thereafter to manage the same and ultimately sell the same, and also to transact any other lawful business approved by the Members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death,

**ARTICLES OF ORGANIZATION
FOR
L.D.B. OF OCALA, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

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retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the sole initial Member of the Company, hereunto sets his hand this 6th day of January, 2016.



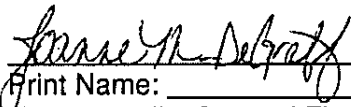
TIM HAINES

**STATE OF FLORIDA
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION was acknowledged before me by TIM HAINES, as an authorized representative of the sole Member of the Company, who is personally known to me.

Dated: this 6th day of January, 2016.

JOANNE M. DeGRAFF
Notary Public, State of Florida
My comm. expires June 28, 2018
Comm. No. FF 116850


Print Name: _____
Notary Public, State of Florida
Commission number _____
Commission expires _____

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION # 116850

16 JAN -9 PM 12:30

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0114, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *L.D.B. OF OCALA, LLC.*
2. The name and address of the registered agent and office is:

Tim Haines
125 NE 1st Avenue, Suite 1
Ocala, FL 34470

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.



TIM HAINES

Date: *January 16*, 2016.

FILED
16 JAN -8 PM 12:30
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