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(City/State/Zip/Phone #)

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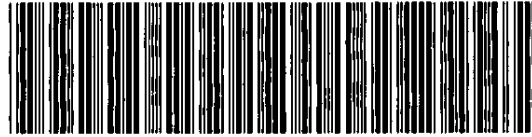
(Business Entity Name)

(Document Number)

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ACCESS,  
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LLC

1.

John K Roberts, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

17 JUL - 7 PM 3:59  
SECRETARY OF STATE

**KLEIN & KLEIN, LLC**

Attorneys at Law

40 Southeast 11<sup>th</sup> Avenue  
Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)  
H. RANDOLPH KLEIN  
FRED N. ROBERTS, JR.  
LAWRENCE C. CALLAWAY, III

PHONE (352) 732-7750  
FAX (352) 732-7754

July 7, 2017

**TO: Registration Section  
Division of Corporation**

**RE: JOHN K. ROBERTS, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**[jkroberts@robertsflorida.com](mailto:jkroberts@robertsflorida.com)**

**For further information concerning this matter, please call**

**Joyce Henry at (342) 732-7750**

REC'D - DIV. OF CORP. STATE  
17 JUL -7 PM 3:59

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JOHN K. ROBERTS, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

115 NE 8th Avenue  
Ocala, FL 34470

**Mailing Address:**

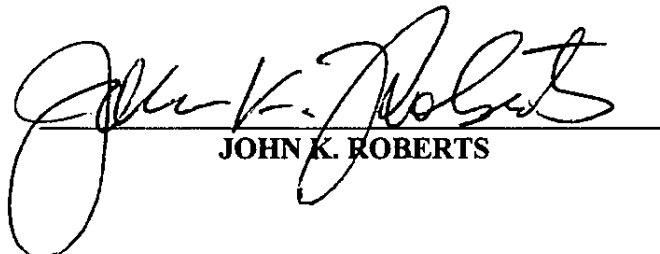
115 NE 8th Avenue  
Ocala, FL 34470

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

JOHN K. ROBERTS  
115 NE 8th Avenue  
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 as provided for in Chapter 605, Florida Statutes.*

  
\_\_\_\_\_  
JOHN K. ROBERTS

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

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

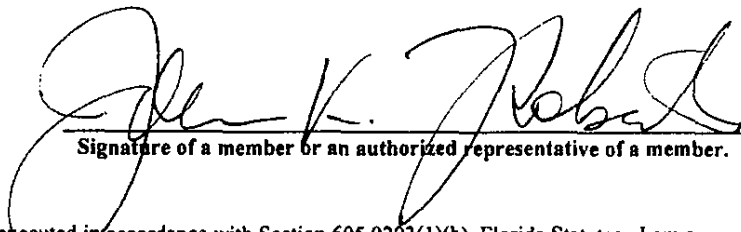
**Title:**

"MGR"

**Name and Address:**

JOHN K. ROBERTS  
115 NE 8th Avenue  
Ocala, FL 34470

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

**JOHN K. ROBERTS**

Typed or printed name of signee

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