

L145000179367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

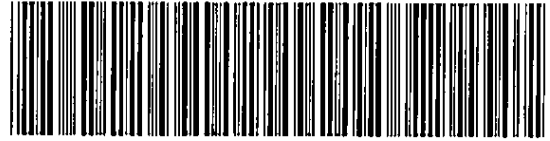
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☐ **CERTIFIED COPY**

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1. MIT AT THE OAKS, 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 #)

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**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 25, 2018

**TO: Registration Section  
Division of Corporation**

**RE: MIT AT THE OAKS, LLC**

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

The following is the email address for the LLC:

**patty@mitflorida.com**

For further information concerning this matter, please call

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

18 JUL 25 AM 9:43  
JUL 25 2018  
JUL 25 2018

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

FILED  
JUL 25 11 11 AM '09  
CLERK OF THE COURT  
JUL 25 2009

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MIT AT THE OAKS, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

922 Shore Acres Drive  
Leesburg, FL 34748

**Mailing Address:**

922 Shore Acres Drive  
Leesburg, FL 34748

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

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

PATRICIA JACOBSON  
922 Shore Acres Drive  
Leesburg, FL 34748

*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.*

  
\_\_\_\_\_  
PATRICIA JACOBSON

**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:	Name and Address:
"MGR"	MARK D. JACOBSON 922 Shore Acres Drive Leesburg, FL 34748
"MGR"	PATRICIA JACOBSON 922 Shore Acres Drive Leesburg, FL 34748

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18 JUL 25 AM 9:43  
CLERK OF COURT  
STATE OF FLORIDA

**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.

**PATRICIA JACOBSON**

\_\_\_\_\_  
Typed or printed name of signer