

L19000 103 489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000328399870

RECEIVED
19 APR 23 PM 1:57
TALLAHASSEE
CORPORATION

FILED
19 APR 23 AM 9:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

RK

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

ACCOUNT NO. : I20000000195

REFERENCE : 736887 149697A

AUTHORIZATION :

Lydia Cohen

COST LIMIT : \$ 125.00

ORDER DATE : April 23, 2019

ORDER TIME : 12:41 PM

ORDER NO. : 736887-005

CUSTOMER NO: 149697A

DOMESTIC FILING

NAME: A & A OCALA MEDICAL PROPERTIES
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: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
A & A OCALA MEDICAL PROPERTIES, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of the company shall be: **A & A Ocala Medical Properties, LLC** (the "Company")

ARTICLE II - ADDRESS

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

10809 Bayshore Drive
Windermere, FL 34786

**ARTICLE III - CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

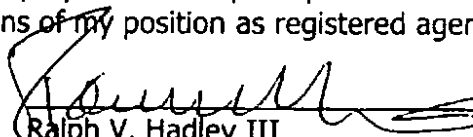
1. The name of the limited liability company is: **A & A Ocala Medical Properties, LLC**
2. The name and the Florida street address of the registered agent are:

Swann Hadley Stump Dietrich & Spears, P.A.
NAME

200 East New England Avenue, Suite 300
Florida street address (P.O. Box **NOT** Acceptable)

Winter Park, FL 32789
City, State and Zip

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.


Ralph V. Hadley III
Signature

FILED
APR 23 AM 9:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

ARTICLE V - MANAGEMENT

The Company is to be manager managed and the name and address of the Managers are:

Alfonso Tomas Arribas
10809 Bayshore Drive
Windermere, FL 34786

Alejandro A. Arribas
2384 Copperhill Loop
Ocoee, FL 34761

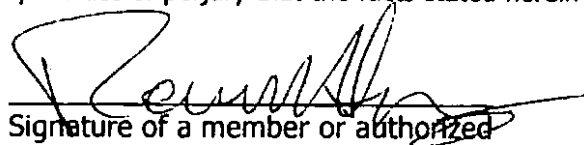
ARTICLE VI – STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the members.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Signature of a member or authorized
Representative of a member

RALPH V. HADLEY III

Typed or Printed Name of Signee

FILED
19 APR 23 AM 9:27
CLERK OF STATE
TALLAHASSEE, FLORIDA