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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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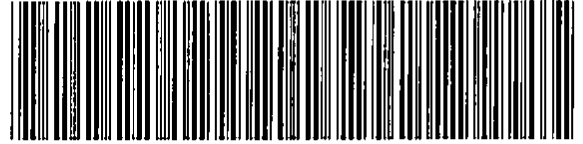
(Business Entity Name)

(Document Number)

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2019 MAY -7 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
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**PICK UP:** 05/07/2019

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LLC

1. **JR REAL ESTATE OF MARION COUNTY, 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:**

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

**KLEIN & KLEIN, LLC**

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

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

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

**May 7, 2019**

**TO: Registration Section  
Division of Corporation**

**RE: J R REAL ESTATE OF MARION COUNTY, LLC**

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

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

**jwear@jrplastics.com**

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

**Joyce Henry at (352) 732-7750**

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

2019 MAY - 7 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**J R REAL ESTATE OF MARION COUNTY, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

5111 South Pine Avenue, Suite G  
Ocala, FL 34480

**Mailing Address:**

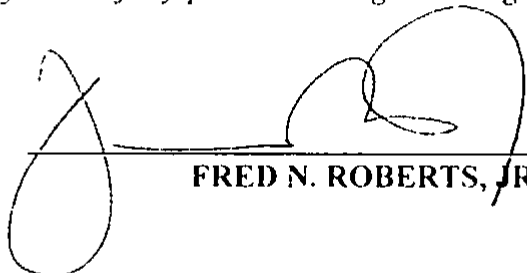
5111 South Pine Avenue, Suite G  
Ocala, FL 34480

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

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

FRED N. ROBERTS, JR.  
40 SE 11<sup>th</sup> Avenue  
Ocala, FL 34471

*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.*

  
\_\_\_\_\_  
**FRED N. ROBERTS, JR.**

**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:**

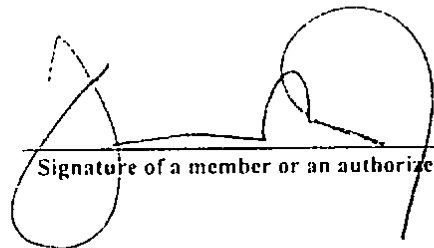
"MGR"

JAMES WEAR  
5111 South Pine Avenue, Suite G  
Ocala, FL 34480

"MGR"

ROBERT RUWITCH  
7326 SW 48<sup>th</sup> Street  
Miami, FL 33155

**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.

**FRED N. ROBERTS, JR.**

Typed or printed name of signee