

L190000160608

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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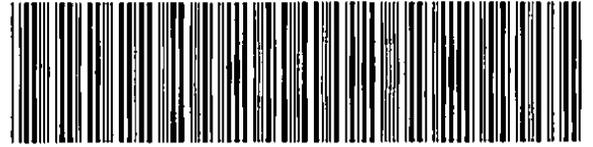
(Business Entity Name)

(Document Number)

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- CERTIFIED COPY** \_\_\_\_\_
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1. **SOLUTIONS INVESTMENT PROPERTIES, 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) 732-7751  
FAX (352) 732-7754

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

June 26, 2019

**TO: Registration Section  
Division of Corporation**

**RE: SOLUTIONS INVESTMENT PROPERTIES, LLC**

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

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

**[hillygus@lifespanbehaviorservices.com](mailto:hillygus@lifespanbehaviorservices.com)**

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

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SOLUTIONS INVESTMENT PROPERTIES, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

10252 S US Highway 441  
Units 3, 4, and 5  
Bellevue, FL 34420

**Mailing Address:**

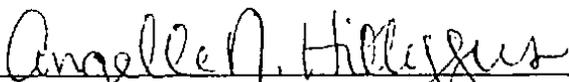
P. O. Box 830392  
Ocala, FL 34483

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

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

**ANGELLE N. HILLYGUS  
10252 S US Highway 441  
Units 3, 4 and 5  
Bellevue, FL 34420**

*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.*

  
\_\_\_\_\_  
ANGELLE N. HILLYGUS

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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:**

**Name and Address:**

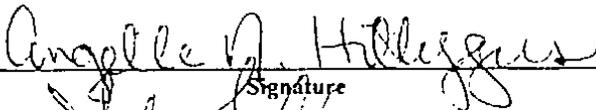
**“MGR”**

**ANGELLE N. HILLYGUS  
P. O. Box 83092  
Ocala, FL 34483**

**“MGR”**

**ANDREA TOBON  
2475 SE Highway 484  
Belleview, FL 34420**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

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.

**ANGELLE N. HILLYGUS**

**ANDREA TOBON**

Typed or printed name of signatures