

L19000237991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

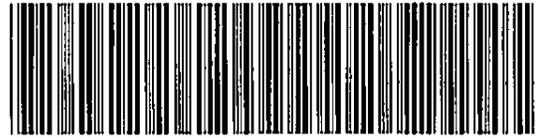
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 19 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

OCT 9 ' 2019

WHIT STOLZ
5555 Wingspread Lane
North Garden, VA 22959

September 18, 2019

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Formation of OGS Investments I LLC

Dear Registration Section

Enclosed please find:

- (1) the Articles of Organization for the aforementioned limited liability company and
- (2) a check in the amount of \$125 to cover the filing fees for such limited liability company.

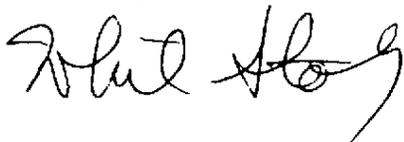
Please return all correspondence concerning this matter to the following:

Whit Stolz
5555 Wingspread Lane
North Garden, VA 22959

For further information concerning this matter please call me at 434.977.1448.

Thank you for your assistance with this matter.

Sincerely,



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

**ARTICLE I
Name**

The name of the Limited Liability Company is:
OGS INVESTMENTS I LLC

**ARTICLE II
Address**

The street address of the principal office of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

The mailing address of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

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

The name and the Florida street address of the registered agent are:
JILL V. STOLZ
12026 NW HIGHWAY 464B
OCALA, FL 34482

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 608, F.S..

Registered Agent's Signature: _____

Jill V. Stolz

SECRETARY OF STATE
TALLAHASSEE, FL

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

The name and address of the Manager is as follows:

OTTO G. STOLZ
12026 NW HIGHWAY 464B
OCALA, FL 34482

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

OTTO G STOLZ

Typed or printed name of signee

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