Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000347532 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.

Account Number : I20010000016

Phone

: (352)867-7707

Fax Number

: (352)867-0237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: havveyvandovenegmail

FLORIDA LIMITED LIABILITY CO. HMF of Marion, LLC

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HMF of Marion, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1736 SE 47th Avenue Ocala, FL 34471

1736 SE 47th Avenue Ocala, FL 34471

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

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

W. James Gooding III
Name

1531 SE 36th Avenue Florida street address (P.O. Box is NOT acceptable)

> Ocala, FL 34471 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 as provided for in Chapter 605, F.S.

Registered Agont's Signature (REQUIRED)

1

1.6.0002/17730

6 AM 9: 33

۸	RT	CT.	r	TV_{-}
			ır.	

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	Harvey Vandeven 1736 SE 47th Avenue Ocala, FL 34471

ARTICLE V: Effective Date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

ARTICLE VI: Other Provisions, if any.

- 1. This is a manager-managed limited liability company.
- 2. These Articles can be amended by vote or written consent of the holders of a majority of the membership interests.

REQUIRED SIGNATURE:

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

(In accordance with section 665.0203(1) (b). Florida Statutes, the execution of this document donstitutes an affirmation under the penalties of perjury facts stated herein are true from aware that any false information under the penalties of perjury

that the facts stated herein are true. Fam 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.)

W. James Gooding III
As authorized representative of a member

Typed or printed name of signee

E:\UG\Vandeven\Anderson 2019\Timber Ridge\Entity\Articles of Organization.docx