

L20000080167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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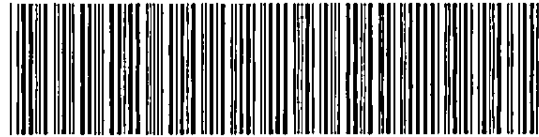
(Business Entity Name)

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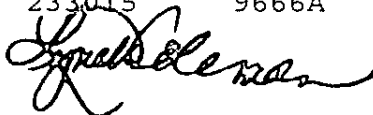
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 233015 9666A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 17, 2020

ORDER TIME : 8:48 AM

ORDER NO. : 233015-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: OCALA LIVE OAK MEDICAL, 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: Amanda Robinson - EXT.

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
OCALA LIVE OAK MEDICAL, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I.

NAME

The name of the Limited Liability Company is "*Ocala Live Oak Medical, LLC*" (the "*Company*").

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Company is 1720 SE 16th Avenue, Building 200, Ocala, FL 34471.

ARTICLE III.

DURATION

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Revised Statutes Annotated* (the "*Act*") or the Company's Operating Agreement among the members (the "*Operating Agreement*").

ARTICLE IV.

MANAGEMENT

The Limited Liability Company is to be managed by a manager. The initial manager shall be Roy T. Boyd, III.

ARTICLE V.

PURPOSE

The purpose for which the Company is being organized is to acquire and develop, whether in fee simple, as a leasehold interest, directly or indirectly, real property for the purposes of the subsequent development, operation, lease, sublease, assignment or resale of the same, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

ARTICLE VI.

MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of

**ARTICLES OF ORGANIZATION
FOR
OCALA LIVE OAK MEDICAL, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**


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the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has hereunto set his hand this 17 day of March, 2020.

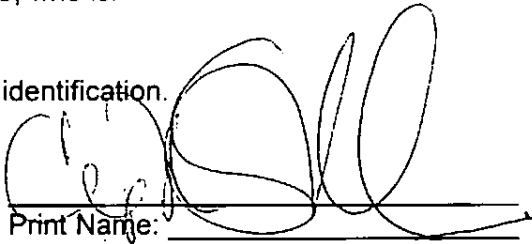

TIM D. HAINES

**STATE OF FLORIDA
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION was sworn to, subscribed to and acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 17 day of March, 2020, by TIM D. HAINES, who is:

X Personally known to me, OR
 Produced a driver's license as identification.

CYNTHIA SCHLOBACH
Notary Public, State of Florida
My Comm. expires August 13, 2022
Comm. No. GG 248280


Print Name: _____
Notary Public, State of Florida
Commission Number: _____
Commission Expires: _____

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0101 through 605.1108, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Ocala Live Oak Medical, LLC.*
2. The name and address of the registered agent and office is:

Tim D. Haines
125 NE 1st Avenue, Suite 1
Ocala, FL 34470

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.



TIM D. HAINES

Date: 3/17, 2020.

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