13:37

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.

(((H20000089364 3)))



H200000893643ABC%

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 & BATSEL 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: MATTETHEBRICK CITY OF THE CH. ORG

FLORIDA LIMITED LIABILITY CO.

Midtown Commons, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

IAR 20 AM 10: 52

.

(I)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Midtown Commons, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

343 NE 1st Avenue Unit B

343 NE 1st Avenue

Unit B

Ocala FL 34470 Ocala, FL 34470

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:

Matthew Overfeit Name

343 NE 1st Avenue, Unit B Florida street address (P.O. Box is NOT acceptable)

> Ocala FL 34470 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 Agent's Signature (REQUIRED)

2020 MAR 20 AM 10: 52

ARTICLE IV-

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

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Brad Nelson 343 NE 1st Avenue, Unit B Ocala FL 34470 **MGR** Matthew Overfelt 343 NE 1st Avenue, Unit B Ocala, FL 34470 MGR Russell Adams 343 NE 1st Avenuc, Unit B Ocala, FL 34470 **MGR** Robert Peters 343 NE 1st Avenue, Unit B Ocala, FL 34470 **MGR** David Pugh 343 NE 1st Avenue, Unit B Ocala, FL 34470

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.

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 occordance with section 605.0203(1) (b), Florida Statutes, the execution at 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.)

W. James Gooding III, as Agent for Member
Typed or printed name of signee

E:\UG\Brick City Church\Property Purchase\Entity\Midtown\Articles of Organization.docx

2020 MAR 20 AM 10: 5: