

5/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
OCALA SE 8TH STREET, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
OCALA SE 8TH STREET, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.
NAME**

The name of the Limited Liability Company is "Ocala SE 8th Street, 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, Florida 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 608.401 through 608.514 of the *Florida 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 or Managers. 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

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ARTICLES OF ORGANIZATION
FOR
OCALA SE 8TH STREET, 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 the one of the Members of the Company, has hereunto set his hand this ____ day of _____, 2020.


JULIE BOYD

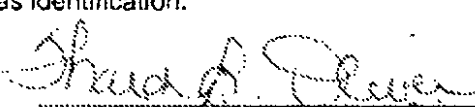
STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was sworn to, subscribed to and acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 14 day of May, 2020, by JULIE BOYD, who is:

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



Sharon L. Oliver
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG072566
Expires 3/31/2021


Print Name: Sharon L. Oliver
Notary Public, State of Florida
Commission Number: GG072566
Commission Expires: 3-31-2021

CALLAHAN & SONS
NOTARY PUBLIC
FLORIDA

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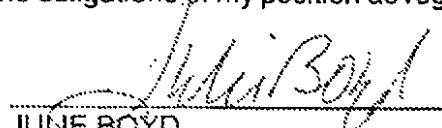
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 SE 8th Street, LLC
2. The name and address of the registered agent and office is:

Julie Boyd
1720 SE 16th Avenue, Building 200
Ocala, FL 34471

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.



JULIE BOYD

Date: 5/14, 2020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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