

7/10/2020

Division of Corporations

L20000194497

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.

((H20000218265 3)))



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To:

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

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
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Email Address: contact@interstatefilings.com

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TALLAHASSEE, FLORIDA

2020 JUL 10 PM 5:58

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**FLORIDA LIMITED LIABILITY CO.
OCALA FL HOLDCO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 JUL 10 PM 12:14

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Help

Handwritten signature and date: 7/10/20

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCALA FL HOLDCO LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

440 SYLVAN AVE. SUITE 240
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address:

440 SYLVAN AVE. SUITE 240
ENGLEWOOD CLIFFS, NJ 07632

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:

INTERSTATE AGENT SERVICES, LLC

Name

100 SE 2nd Street Suite 2000 #209

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33131

City

State

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))

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

SIMCHA HYMAN

440 SYLVAN AVE, SUITE 240

ENGLEWOOD CLIFFS, NJ 07632

(Use attachment if necessary)

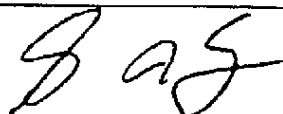
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SIMCHA HYMAN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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