000325164

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

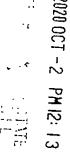
Office Use Only

J. FASON OCT 22 2020



400353010564

10/02/20--01024--013 **125.00





OOVER LETTER* - *

TO:	New Filing Section Division of Corporations	·	•	*
SUBJEC	4749SW111PlaceOcalaFL, LLC			
SOME		Limited Liabilit	у Сотралу	· <u></u>
The enc	losed Articles of Organization and fee(s)) are submitted (for tiling.	
Please re	eturn all correspondence concerning this	matter to the fo	llowing:	
	MAGALIE LANDRUM			
		Name of I	erson	
	4749SW111PlaceOcalaFL LLC			
		Firm/Con	npany	
	4749 SW 111 PLACE			
		Addre	SS	
	OCALA, FL 34476			
	АМУАНЕ@УАНОО,СОМ	City/State and	Zip Code	
	E-mail address: (to be us	sed for future an	nual report notificati	ion)
For furthe	r information concerning this matter, ple	ease call:		
	MAGALIE LANDRUM	718 ()	954-4108	
	Name of Person	· 	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
≡ \$125.	00 Filing Fee	Certified	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	N T	treet Address lew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
4749SW111Plac	eOcalaFL, LLC	Liability Company.	"L.L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal (omice of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
			9 SW 111 PLACE
4749 SW 111 PL			
OCALA, FL 344 ARTICLE III - Registered	76 Agent, Registered Office,	, & Registered Ager	ALA, FL 34476 nt's Signature:
OCALA, FL 344 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	, & Registered Agent. Yon.)	ALA, FL 34476
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. on.) d agent are:	ALA, FL 34476 nt's Signature:
OCALA, FL 344 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registrative eet address of the registere	& Registered Agent. on.) d agent are:	ALA, FL 34476 nt's Signature:
OCALA, FL 344 ARTICLE III - Registered	Agent, Registered Office, sany cannot serve as its own an active Florida registrative eet address of the registere	Megistered Agent. on.) d agent are: RUM Name	ALA, FL 34476 nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registrative ect address of the registere MAGALIE LANDE	Megistered Agent. on.) d agent are: RUM Name	ALA, FL 34476 nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registrative ect address of the registere MAGALIE LANDE	Megistered Agent. Son.) d agent are: RUM Name	ALA, FL 34476 nt's Signature: You must designate an individual or

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)

2020 OCT -2 PM 12: 13

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
·	MACALIDI ANDOMA	
MGR	MAGALIE LANDRUM 4749 SW 111 PLACE	
	OCALA, FL 34476	
Use attachment if necessary)		
V: Effective date, if other than the ctive date is listed, the date must filing.)	be specific and cannot be more than five business days prior	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does tent's effective date on the Depart	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filing.) he date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior not meet the applicable statutory filing requirements, this date ment of State's records.	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date ment of State's records. The amendment of state are authorized representative of a member.	to or 90
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	not meet the applicable statutory filing requirements, this date ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida S	to or 90 will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date ment of State's records. The amendment of State's records and authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the Dep	to or 90 will not
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date ment of State's records. The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida States information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.	to or 90 will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date ment of State's records. The amember of an authorized representative of a member and accordance with section 605.0203 (1) (b), Florida Son false information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.	to or 90 will not tatutes.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is earlier and aware that any	not meet the applicable statutory filing requirements, this date ment of State's records. The a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida States information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.	to or 90 will not tatutes.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is earlier and aware that any	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Sy false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	to or 90 will not tatutes. of State
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is early aware that any constitutes a third of the Depart CVI: Depart CVI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date ment of State's records. Take a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida S or false information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	to or 90 will not tatutes. of State
EV: Effective date, if other than the ctive date is listed, the date must filing.) he date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes a third of the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that any constitutes are the Depart of This document is elam aware that a second of This document is elam aware that a second of This document is elam aware that a second of This document is elam aware that a second of This document is ela	not meet the applicable statutory filing requirements, this date ment of State's records. Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida S of false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent	to or 90 will not tatutes. of State
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any constitutes a third of the constitutes and the constitutes are constituted as a signature of the constitute of the	not meet the applicable statutory filing requirements, this date ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida S of false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent al)	to or 90 will not tatutes.
E V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is e I am aware that any constitutes a third of the Depart I are the signature of This document is e I am aware that any constitutes a third of the Depart I are the signature of This document is e I am aware that any constitutes a third of the Depart I are the	not meet the applicable statutory filing requirements, this date ment of State's records. Ta member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida S of false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent al)	to or 90 will not