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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

2020 NOV 24 PM 5:00

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JGOODING@CALALAW.COM

FLORIDA LIMITED LIABILITY CO.

Hammer Time, of MARION, LLC

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

2020 NOV 24 AM 10:08

FILED

Signature
11/25/20



November 23, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GILLIGAN, GOODING, FRANJOLA & BATSEL P.A.

SUBJECT: HAMMER TIME, LLC
REF: W20000134022

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Conflicting document number: L16000117002

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000401433
Letter Number: 320A00023520

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Hammer Time of Marion, LLC

ARTICLE II – Address:

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

Principal Office Address:

738 SE 45th Terrace
Ocala, FL 34471

Mailing Address:

P.O. Box 83177
Ocala, FL 34483

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).

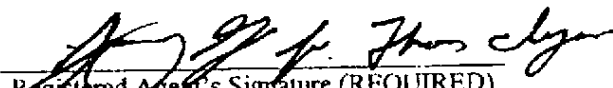
The name and the Florida street address of the registered agent are:

Thomas Ingram
Name

738 SE 45th Terrace
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34471
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)

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ARTICLE IV-

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

Thomas Ingram
738 SE 45th Terrace
Ocala, FL 34471

ARTICLE V: Effective Date, if other than the date of filing: **November 20, 2020 (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 accordance with section 605.0203(1) (b), Florida Statutes, the execution of 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 authorized representative of a member
Typed or printed name of signee