

L21000167693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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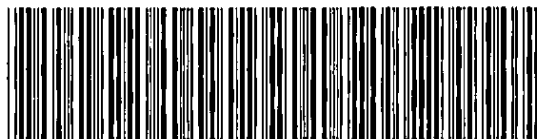
(Business Entity Name)

(Document Number)

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#125

**CORPORATE
ACCESS,
INC.**

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- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. 1253 SW 44th AVENUE, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue

Ocala, Florida 34471

PHONE (352) 732-7750

FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.

LAWRENCE C. CALLAWAY, III

AUSTIN T. DAILEY

April 19, 2021

**TO: Registration Section
Division of Corporation**

RE: 1253 SW 44th AVENUE, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

nolan@gusgalloway.com

For further information concerning this matter, please call

Joyce Henry at (342) 732-7750

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

1253 SW 44TH AVENUE, LLC

ARTICLE II - Address:

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

Principal Office Address:

240 SE 17th Street
Ocala, FL 34471

Mailing Address:

240 SE 17th Street
Ocala, FL 34478

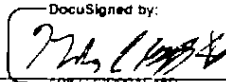
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NOLAN C. GALLOWAY, III
240 SE 17th Street
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 as provided for in Chapter 605, Florida Statutes.

DocuSigned by:



NOLAN C. GALLOWAY, III

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

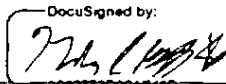
Name and Address:

"MGR"

NOLAN C. GALLOWAY, III
240 SE 17th Street
Ocala, FL 34471

REQUIRED SIGNATURE:

DocuSigned by:



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 in s.817.155, F.S.

NOLAN C. GALLOWAY, III

Typed or printed name of signee