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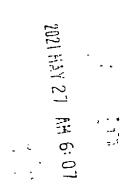
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J. FASON
JUN 11 2021



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05/27/21--G1018--032 **125.00



COVER LETTER

	A&B Prop	erties of Ocala One, LLC		
SUBJECT				
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	m all corresp	ondence concerning this ma	tter to the following:	
	Brigitte H. S	hultz, Trustee of the Shultz	Living Trust dated April 12, 202	21
	-	 	Name of Person	
		<u> </u>	Firm/Company	
	964 SW 35tl	n Lane		
		·····	Address	
	Ocala, FL 3	1471		
1	ohshultz@gm		ity/State and Zip Code	
-		E-mail address: (to be used	for future annual report notificati	on)
For further in	aformation co	ncerning this matter, please	call:	
	Brigitte S	ohu//c at (?	1875-3887 rea Code Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:		
≘\$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address New Filing Section Di	vision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:			
A&B Properties of	Ocala One, LLC			
(Must co	entain the words "Limited	l Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limi	ted Liability Company is:	
Princ	ipal <u>Office Address</u> :		Mailing Addr	<u>'ess</u> :
964 SW 35th Lane	964 SW 35th I ane		964 SW 35th Lane	
Ocala, FL 34471			Ocala, FL 34471	
The name and the Florida street	Brigitte Shultz	Name		
	964 SW 35th Lane			
	Florida street address (P.O. Box NOT acceptable)			
	Ocala	FL	34471	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the approvisions of all statutes obligations of my position	pointment as regi. relating to the pro n as registered ago the Shu	stered agent and agree to act per and complete performant ent as provided for in Chapter	in this capacity. I ce of my duties, and I
	Regi	stered Agent's Sig	mature (REQUIRED)	2021 HAY
		(CONTINUE	D)	

1 HAY 27 AH 6: 07

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	
<u>AMBR</u>	Brigitte H. Shultz, Tiec Brigitte H. Shultz Living Trust dated April 12, 2021
	964 SW 35th Lane. Ocala. FL 34471
	20
	, da
	2
	<u> </u>
	<u> </u>
(Use attachment if necessary)	7
TICLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
an effective date is listed, the date must be spec	cific and cannot be more than five business days prior to or 90 days after
e date of filing.)	
ote: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Department o	of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	$\mathcal{H} = \mathcal{C} \circ \mathcal{A}$
159	lignifie Skielt
	$a_T \cdot i \in \mathcal{L}_{i}(\mathcal{L} \cup \mathcal{L})$

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.

Brigitte H. Shultz. Ttee Brigitte H. Shultz Living Trust utd 04122021

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)