## 12/000306121

| (Re                     | questor's Name)   |             |  |  |
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| (Cit                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                     | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |
|                         |                   |             |  |  |
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| <u> </u>                |                   |             |  |  |

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## COVER LETTER

| TO: New Filing S       | Section<br>Corporations               |                                                                     | •                                                                                                   |
|------------------------|---------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT:               | 7073 Sw 82rd Name of Limited          | TECLOCE UNIT D LL<br>Liability Company                              | <u>-C</u>                                                                                           |
| The enclosed Articles  | s of Organization and fee(s) are sub  | mitted for filing.                                                  |                                                                                                     |
| Please return all corr | espondence concerning this matter     | to the following:                                                   |                                                                                                     |
|                        | Shareon m ]                           |                                                                     |                                                                                                     |
|                        |                                       | Firm/Company                                                        |                                                                                                     |
|                        | 8711 Sw 91s                           | t St., Unit A                                                       |                                                                                                     |
|                        |                                       |                                                                     |                                                                                                     |
|                        | Ocala 8                               | 4/State and Zip Code                                                |                                                                                                     |
|                        | City                                  | /State and Zip Code                                                 |                                                                                                     |
|                        | E-mail address: (to be used for       | or future annual report notification                                | )                                                                                                   |
| For further informat   | tion concerning this matter, please t | call:                                                               |                                                                                                     |
|                        | Name of Person Are                    | ea Code Daytime Telephone                                           | Number                                                                                              |
| Enclosed is a che      | ck for the following amount:  g Fee   | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing Fec,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                        | Mailing Address New Filing Section    | Street Address New Filing Section Di                                |                                                                                                     |

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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 Liability Company is:                                                                                     |                               |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 9073 SW 87 nd TELIA<br>(Must contain the words "Limited Liability Co                                                              | ce Unit D, LLC                |
| (Must contain the words "Limited Liability Co                                                                                     | ompany, "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:                                                                                                         | Mailing Address:              |
| Shanon in Davis 8711 Sw 91 st StuntA                                                                                              | Same                          |
| 8711 5W 91 st 5+ LINTA<br>Ocala Si 34481                                                                                          | <del></del>                   |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered |                               |
| another business entity with an active Florida registration.)                                                                     |                               |
| The name and the Florida street address of the registered agent are:                                                              |                               |
| Sharon M T                                                                                                                        | Zilar                         |

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

Cala Fl 34481

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..

Name

Registered Agent's Signature (REQUIRED)

haven no at over

(CONTINUED)

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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                                 |                                                                |                  |           |
|                                                 |                                                                |                  |           |
|                                                 |                                                                |                  |           |
|                                                 |                                                                |                  |           |
| AMBR                                            | Sharon M Davis                                                 |                  |           |
| 1777 1715                                       | 8711 5W 91St St UNIA                                           | ····             |           |
|                                                 | (xala 7-lovida 3448)                                           |                  |           |
|                                                 |                                                                |                  |           |
| MGR                                             | Clyds H CARSINS                                                |                  |           |
|                                                 | 8711 SW 915+ SI UnitA                                          |                  |           |
|                                                 | Car H 347 A                                                    |                  |           |
| 17mbr                                           | Lisa C mader                                                   |                  |           |
| THE TOTAL                                       | 175 Mark AVE 23                                                |                  |           |
|                                                 | WESTBURY NY 11590                                              |                  |           |
|                                                 |                                                                |                  |           |
| (Use attachment if necessary)                   |                                                                |                  |           |
| DTICLE V. Effective data if other than the      | ate of filing: Tuly 1, 2021 (OPTION                            | AT)              |           |
| Fan effective date is listed the date must be   | specific and cannot be more than five business days prior      | nu)<br>cto or 90 | davs afte |
| e date of filing.)                              | specific and cannot be more than five business any specific    |                  |           |
| ote: If the date inserted in this block does no | ot meet the applicable statutory filing requirements, this dat | e will not       | be listed |
| ne document's effective date on the Departme    |                                                                |                  |           |
| DTICLE VI. Other provisions if any              |                                                                |                  |           |
| RTICLE VI: Other provisions, if any.            |                                                                |                  |           |
|                                                 |                                                                |                  |           |
|                                                 |                                                                |                  |           |
|                                                 |                                                                |                  |           |
| REQUIRED SIGNATURE:                             |                                                                |                  |           |
| New Year                                        | - M. Loves                                                     |                  |           |
| Signature of a                                  | member or an authorized representative of a member.            |                  |           |
| This document is ex-                            | cuted in accordance with section 605.0203 (1) (b), Florida     |                  |           |
| I am aware that any f                           | alse information submitted in a document to the Department     |                  |           |
| constitutes a third de                          | gree felony as provided for in s.817.155, F.S.                 |                  | 扫         |
| Shaen                                           | n M Davis                                                      | >                | ~         |
|                                                 | Typed or printed name of signee                                | <u></u>          | ⊱         |

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)

FILED