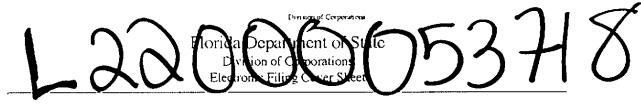
To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 2:25 PM Page: 01/04

29402, 00S PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000053741 3)))



H220000537413ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Empil Address:

22 FEB 10 AH 1: 03

FLORIDA LIMITED LIABILITY CO. 2055 NW 8TH AVE OCALA, LLC

Certificate of Status	0
Cenified Copy	1
Page Count	01

https://cfile.pinex.c.org/sempts/efilcov/rexe

1/2

To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 2:25 PM Page: 02/04

28922 2 38 PM

Division of Corporations

Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunks.org/scnpts.efilcov;.exe

22 FEB 10 AM 1: U

22 37 To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 2:25 PM Page: 03/04

(((H22000053741 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

2055 NW 8TH AVE OCALA, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

3025 CHESSINGTON DRIVE LAND O'LAKES, FLORIDA 34638

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

NICKOLAS J. WOODARD 3025 CHESSINGTON DRIVE LAND O'LAKES, FLORIDA 34638

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.

DATED: 2/7/22

NICKOLAS J. WOODARD

To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 2:25 PM Page: 04/04

(((H22000053741 3)))

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS:

NICKOLAS J. WOODARD 3025 CHESSINGTON DRIVE LAND O'LAKES, FLORIDA 34638

WILLIAM M. WOODARD 8209A AQUILA STREET

PORT RICHEY, FLORIDA 34668

DATED: 2/2/22

NICKOLAS J. WOODARD

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

22 FEB 10 AM 1: 0