Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

Dunnellon Oaks Developers, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUNNELLON OAKS DEVELOPERS, 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:

4349 S.E. 20th Street
Ocala, Florida 34471

4349 S.E. 20th Street
Ocala, Florida 34471

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

MATTHEW P. FABIAN 4349 S.E. 20th Street Ocala, Fiorida 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 statues 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)

(CONTINUED)

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ARTICLE IV — The name and address of each person Company:	on authorized to manage and control the Limi	ted Liability
<u>Title</u> : "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	MATTHEW P. FABIAN 4349 S.E. 20 th Street Ocala, Florida 34471	2022 APR - 1 JECRETAR FALLAHASS
MGR	TRAVIS J. ALDANA, SR. 3002 S.E. 1 st Avenue, Bidç Ocala, Florida 34471	A₹ 9: 58 CC. 360RUD
prior to or 90 days after the date of fills Note: If the date inserted in this block	nust be specific and cannot be more than five ng.) k does not meet the applicable statutory filing ment's effective date on the Department of S	requirements,
holding a majority of the voting interest	be amended from time to time by consent of ests of the Limited Liability Company, or ot in the Limited Liability Company's Operating Florida.	herwise in the
REQUIRED SIGNATURE:		
This document is executed in Statutes. I am aware that any	n authorized representative of a member accordance with section 605.0203(1)(b), false information submitted in a document a third-degree felony as provided for in s.f.	Florida nt to the

MATTHEW P. FABIAN

Typed or printed name of signee