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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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CORPORATE ACCESS, _____

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

SUBJECT: OCALA BROADWAY PARTNERS, LLC, a Florida limited liability company Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jon I. McGraw Name of Person McGraw Rauba Mutarelli PA Firm/Company 35 SE 1st Avenue, Suite 102 Address Ocala, Florida 34471 City/State and Zip Code jon@lawmrm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jon I. McGraw Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Estign Section Mailing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division	TO:	New Filing Sec Division of Cor				
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P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 22 AM 8: 25

SEUNE IRAT OF STATE
TALLAHASSEE, FL

OCALA BROADWAY PARTNERS, LLC, a Florida limited liability company

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

	cipal Office Address:	•	Mailing Address:
2100 SW 22nd Pl	ace	2100	SW 22nd Place
Ocala, Florida 344	471	Ocala	s, Florida 34471
another business entity with a	any cannot serve as its owr an active Florida registratio	n Registered Agent. Youn.)	t's Signature: 'ou must designate an individual or
The name and the Florida sire	eet address of the registered Donald M. Gulling	d agent are:	
The name and the Florida sire	_	d agent are:	
The name and the Florida sire	_	Name	
The name and the Florida sire	Donald M. Gulling 2100 SW 22nd Place	Name	ceptable)
The name and the Florida sire	Donald M. Gulling 2100 SW 22nd Place	Name	ceptable)

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..

Donald Gulling
Registered Agent Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each per	son authorized to manage and control the Limited Liability Company:
Title:	Name and Address:

Name and Address:

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"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	DONALD M.GULLING	
MOR	2100 SW 22nd Place	
	Ocala, Florida 34471	
	Ocala, Florida 377) I	
		
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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)