

3/1/23, 10:47 AM,

Division of Corporations

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To:

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Fax Number : (850)617-6381

From:

Account Name : EDDIE FERNANDEZ, PA
Account Number : I20190000058
Phone : (407)574-5009
Fax Number : (407)574-5953

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

Email Address: juangarcia@orlandofamilymedical.com

**FLORIDA LIMITED LIABILITY CO.
OCALA CAPITAL HOLDING, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AM 10:00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

OCALA CAPITAL HOLDING, LLC

ARTICLE II - Address

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

2685 SW 32 PL
Ocala, FL 34471

The mailing address of the Limited Liability Company is:

931 W Oak Street
Suite 103
Kissimmee, FL 34741

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

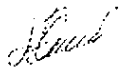
The name and the Florida street address of the registered agent is:

Juan J. Garcia
10600 Lago Bella Dr.
Orlando, FL 32832

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.

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By: 
(Registered Agent's Signature)
Juan J. Garcia

ARTICLE IV – Authorized Person(s)

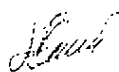
The name and address of the person authorized to manage this Limited Liability Company is:

Title: AR
Juan Garcia
931 W. Oak St. Ste 103
Kissimmee, FL 34741

ARTICLE V – Effective Date

The effective date for this Limited Liability Company shall be:

February 28, 2023



Juan J. Garcia
(Signature of a member or an authorized representative of a member)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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