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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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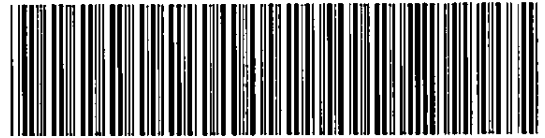
(Business Entity Name)

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2023 APR 20 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FL



2023 APR 20 AM 11:19  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 687963 9666A

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : April 20, 2023

ORDER TIME : 9:39 AM

ORDER NO. : 687963-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: LINCOLN SQUARE OCALA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
LINCOLN SQUARE OCALA, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "*Lincoln Square Ocala, LLC*" (the "*Company*").

**ARTICLE II.  
ADDRESS**

The mailing address and street address of the principal office of the Company is 8600 NW 41<sup>st</sup> Street, Doral, Florida 33166.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Revised Statutes Annotated* (the "*Act*") or the Company's Operating Agreement among the members (the "*Operating Agreement*").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager or Managers. The initial Manager shall be Benjamin Leon, III.

**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to own and/or lease, and manage, whether as owner, lessee, partner, contractor or otherwise, restaurants, bars or other food and drink service establishments and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death,

**ARTICLES OF ORGANIZATION  
FOR  
LINCOLN SQUARE OCALA, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

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retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of a Member of the Company, has hereto set his hand this 18<sup>th</sup> day of April, 2023.

  
\_\_\_\_\_  
TIM D. HAINES

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2023 APR 20 PM 1:01  
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TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 605.0101 through 605.1108, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Lincoln Square Ocala, LLC.*
2. The name and address of the registered agent and office is:

Mairene Leyva  
8600 NW 41<sup>st</sup> Street  
Doral, FL 33166

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.

  
\_\_\_\_\_  
MAIRENE LEYVA

Date: 04/18, 2023.

**FILED**  
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