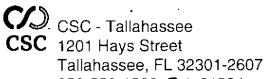
## L24000016552

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800419585648



850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 01/10/24 Order #: 1385725-1 Re: ALEPH0, LLC

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed-please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

auth

Please take the following action:
File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# ARTICLES OF ORGANIZATION FOR ALEPHO, LLC, A FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I. NAME

The name of the Limited Liability Company is "Aleph0, LLC" (the "Company").

#### ARTICLE II. ADDRESS

The mailing address of the principal office of the Company is PO Box 70, Ocala, FL 34478 and street address of the principal office of the Company is 44 SE 1<sup>st</sup> Avenue, Suite 207, Ocala, FL 34471.

#### 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. The initial manager shall be Glenn E. Lane.

#### ARTICLE V. PURPOSE

The purpose for which the Company is being organized is to contract for, acquire, develop, lease, and ultimately resale, whether in its own capacity, or as joint venture partner, real property, including for single family residential, multi-family residential, or commercial purposes, 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, 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

#### **ARTICLES OF ORGANIZATION** FOR ALEPHO, LLC, A FLORIDA LIMITED LIABILITY COMPANY

Page 2 of 2

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**

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 hereunto set his hand this{\infty} day of
STATE OF FLORIDA COUNTY OF MARION
The foregoing ARTICLES OF ORGANIZATION was sworn to, subscribed to and acknowledged before me by means of physical presence or online notarization, this day of municipal particles, 2024, by GLENN E. LANE, who is:
Personally known to me, OR Produced a driver's license as identification.
Print Name: Sarah Lewis

SARAH LEWIS MY COMMISSION # HH 267514 EXPIRES: May 24, 2026

Notary Public, State of Florida Commission Number: HH 21754 Commission Expires: May 24, 2026

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: Aleph0, LLC.
- 2. The name and address of the registered agent and office is:

Glenn E. Lane 44 SE 1<sup>st</sup> Avenue, Suite 207 Ocala, FL 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 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.

GLENN E. LAN

Date: January 8, 2024