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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	- Park Manager	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer	

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CORPORATE ACCESS, ___

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WALK IN

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COVER LETTER

	w Filing Sec vision of Cor				
SUBJECT:		rprise, LLC			
Jobane 1.			f Limited I	Liability Company	
The enclose	d Articles of	Organization and fee(s) are subr	nitted for filing.	
Please return	n all correspo	ndence concerning th	is matter to	the following:	
	Austin T. Da	iley			
•		· · · · · · · · · · · · · · · · · · ·	Na	me of Person	
	Klein & Klei	n, LLC			
-		<u>.</u>	Fir	m/Company	
	40 SE 11th A	we			
-				Address	<u></u>
	Ocala, FL 34	471			
- m	nomstowing@	Dgmail.com	City/Sta	ate and Zip Code	
<u> </u>		<u> </u>	used for fu	ture annual report notific	ation)
or further inf	formation cor	ocerning this matter, p	lease call:		
P	Austin T. Dai		352 t (732-7750	
_	Namo	of Person	Area Co		one Number
Enclosed is a	a check for th	e following amount:			
■\$125.00 F		S130.00 Filing Fe Certificate of Status	s C	D\$155.00 Filing Fee & Certified Copy litional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil	Address ing Section of Corporations		Street Address New Filing Section The Centre of Talla	
	P.O. Bo	•		2415 N. Monroe St Tallahassee, FL 323	rcet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Forest Enterprise, 1	LLC		
	ntain the words "Limited Lia	ibility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal offi	ce of the Limited	Liability Company is:
Princi	ipal Office Address:		Mailing Address:
181 North Hwy 31	d A	191	North Hwy 314A
	<u> </u>	101	1.0101 1111 7 31 711
ARTICLE III - Registered A (The Limited Liability Compar	gent, Registered Office, & my cannot serve as its own Re	Silve Registered Ager egistered Agent.	er Springs. FL 34488
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own Renactive Florida registration.)	Silve Registered Agei egistered Agent.	er Springs. FL 34488 nt's Signature:
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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..

Garnett Miller
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV	-
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Manager MGR Garrett Joseph Miller 181 North Hwy 314A Silver Springs, FL 34488 MGR Shawn Marie: Leffers 181 North Hwy 314A Silver Springs, FL 34488 MGR Silver Springs, FL 34488 MGR Garrett Joseph Miller (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) fan effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after educe of filing.) interest of filing.) interest of filing requirements, this date will not be listed as the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in a coordance with section 605,0203 (1) (b), Florida Staffings. I am aware that any false information submitted in a document to the Department of State. Garrett Joseph Miller Typed or printed name of signee Filing Frees.	Title:	and a mile and wife and the	Name and Address:		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)