

L24000274733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

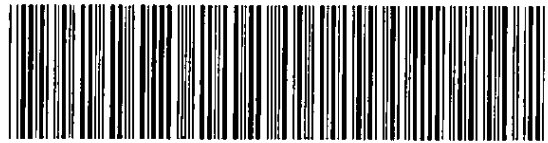
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 19 PM 6:47

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ALLAN ASSOCIATES

2024 JUN 18 PM 2:50

RECEIVED

incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 6/18/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1265705

ORDER ENTITY

WILD GROVE HAMMOCK, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

WILD GROVE HAMMOCK, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION
OF
WILD GROVE HAMMOCK, LLC
(a Florida limited liability company)**

The undersigned, acting as an authorized representative of a limited liability company under Chapter 605 of the Florida Statutes, the Florida Revised Limited Liability Company Act, hereby files these Articles of Organization, forming the below-described Florida limited liability company.

**ARTICLE I
NAME**

The limited liability company's name is "WILD GROVE HAMMOCK, LLC" (the "Company").

**ARTICLE II
MAILING ADDRESS AND STREET ADDRESS**

The Company's mailing address is 1303 SE 5th Street, Ocala, Florida 34471. The address of the Company's principal place of business is 1303 SE 5th Street, Ocala, Florida 34471.

**ARTICLE III
NAME AND STREET ADDRESS OF REGISTERED AGENT**

The name of the registered agent for service of process in this state for the Company is LANFORD "L.T." SLAUGHTER, JR. The street address of the registered agent for the Company is 1303 SE 5th Street, Ocala, Florida 34471.

**ARTICLE IV
MANAGEMENT OF THE COMPANY**

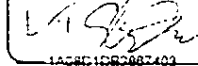
The management of the Company shall be vested in its managers. Accordingly, the Company shall be a manager-managed company. The initial manager of the Company is LANFORD "L.T." SLAUGHTER, JR.

**ARTICLE V
EFFECTIVE DATE**

These Articles of Organization shall be effective upon filing.

Signed by the undersigned authorized representatives of the Company on this ____ day
of June 18, 2024, 2024.

DocuSigned by



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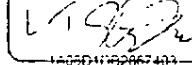
Lanford "L.T." Slaughter, Jr.,
authorized person

ACCEPTANCE BY REGISTERED AGENT

I accept appointment as the registered agent of WILD GROVE HAMMOCK, LLC. I am
familiar with and accept the obligations of that position, as set forth in Chapter 605 of the Florida
Statutes.

Signed by the undersigned registered agent on this ____ day of June 18, 2024, 2024.

DocuSigned by:



1A28C1D8C887403

Lanford "L.T." Slaughter, Jr.
Registered Agent

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