L24000463766

(Requestor's Name)
(Address)
, , , , , , , , , , , , , , , , , , ,
(411)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D 5 (A. Marra)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· _
Special Instructions to Filing Officer:





700438576827

> 024 NOV -4 PM 12 SECRETARY IN 18

RECEIVED



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 11/4 **CERTIFIED COPY** XX**PHOTOCOPY CUS** XX**FILING** LLC 8640 SW 73RD AVE LLC 1. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT#) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJI		3RD AVE LLC				
aubii	EC1.	Name of Lir	nited Liabi	ility Company		
The en	closed Articles of	Organization and fee(s) ar	e submitte	d for filing.		
Please	return all correspo	ondence concerning this ma	atter to the	following:		
	Jon McGraw	•				
			Name o	f Person		202
	McGraw Rai	uba Mutarelli PA				7ALLA ASS
			Firm/C	ompany		7
	35 SE 1st Av	venue, Suite 102				AM S
			Add	lress		9: 4 FL
	Ocala, Floric	la 34471				ra 🖊
			ity/State a	nd Zip Code		
	jon@lawmrm					
	ì	E-mail address: (to be used	tor future	annual report notificati	on)	
For furth	her information co	ncerning this matter, pleas	e call:			
	Jon McGraw	3: at (52	789-6520 _)		
	Nam	e of Person A	rea Code	Daytime Telephon	e Number	
Enclos	sed is a check for t	he following amount:				
		□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified C	Filing Fee. of Status & Copy opy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

7071. NOV

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
8640 SW 73RD AVE LLC, a Florida limited liabilit	y company	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of	the Limited Liability Company is:	
	• • •	
Principal Office Address:	Mailing Address:	
8640 SW 73rd Avenue	8640 SW 73rd Avenue	
Ocala, Florida 34476	Ocala, Florida 34476	
	·	
ARTICLE III - Registered Agent, Registered Office, & Regi	stered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an individual of	
another business entity with an active Florida registration.)	i-:	
anomer outmess entity with an active troited registration,	<u></u>	
The name and the Florida street address of the registered agent a		
The name and me Florida street address of the registered agent a	iic.	
Jon McGraw	S <u>C</u> I用구:	
Name		

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..

Florida street address (P.O. Box NOT acceptable)

Florida

State

35 SE 1st Avenue, Suite 102

City

Ocala

Registered Agen's Signature (REQUIRED)

Zip

(CONTINUED

"AMBR" = Authorized Member "MGR" = Manager MGR Will Petenbrink 8640 SW 73rd Avenue Ocala, Florida 34476 (Use attachment if necessary) E.V.: Effective date, if other than the date of filing: Cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 do filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in agrordance with section 605.0203 (I) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felon) as provided for in s.817.155. F.S.	Title:		Name and Address:	
MGR = Manager MGR** Will Petenbrink 8440 SW 73rd Avenue Ocala. Florida 34476 **Common Section 1	"AMBR" = Authorized Me	ember		
Will Petenbrink 8640 SW 73rd Avenue Ocala. Florida 34476 Common Peter State Common Peter				
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 do filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Lam ware that any takes information submitted in a document to the Department of State.	_		WHI B I I	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 do filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Lam ware that any takes information submitted in a document to the Department of State.	MGR		Will Petenbrink	
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (O			Ocale Floride 31176	
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (of filing.) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in a goordance with section 605.0203 (1) (b). Florida Statutes. Lam aware that any false information submitted in a document to the Department of State.			Ocala, Florida 54470	
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (of filing.) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in a goordance with section 605.0203 (1) (b). Florida Statutes. Lam aware that any false information submitted in a document to the Department of State.				
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (of filing.) (the date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. (EVI: Other provisions, if any.) REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document to accordance with section 605.0203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State				
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (of filing.) (the date is listed, the date must be specific and cannot be more than five business days prior to or 90 do of filing.) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. (EVI: Other provisions, if any.) REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document to accordance with section 605.0203 (1) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				20
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				7. Z
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				-
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:				五: 1
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:				P
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				_ :
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E V: Effective date, if other than the date of filing:				<u> </u>
E V: Effective date, if other than the date of filing:				
REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State.	(Use attachment if necessa	ry)		
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State	E v: Enecuve date, it other		3	
This document is executed in adcordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	ock does not rele Department	ecific and cannot be more than five busines neet the applicable statutory filing requireme of State's records.	ents, this date will not b
I am aware that any false information submitted in a document to the Department of State	fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE.	ock does not ree Department any.	neet the applicable statutory filing requirement of State's records.	ents, this date will not b
constitutes a third degree felon as provided for in s.817.155, F.S.	rective date is listed, the date of filing.) If the date inserted in this blument's effective date on the EVI: Other provisions, if a REQUIRED SIGNATURE Signature of the step	ock does not rele Department any. RE:	ecific and cannot be more than five business meet the applicable statutory filing requirement of State's records. ember of an authorized representative of the diagrams of the diagrams of the diagrams.	a member. (b). Florida Statutes.
	rective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE Signam awards are supported by the support of	ock does not rie Department any. RE: nature of a mainment is execute that any fals.	meet the applicable statutory filing requirement of State's records. ember or an authorized representative of steed in accordance with section 605.0203 (1) to information submitted in a document to the	a member. (b). Florida Statutes.
	rective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE Signature of the second signature of the se	ock does not rive Department any. RE: mature of a ma	ember of an authorized representative of state in accordance with section 605.0203 (1) is information submitted in a document to the felon, as provided for in s.817.155, F.S.	a member. (b). Florida Statutes.
Jon McGraw. Authorized Representative/Attornev Typed or printed name of signee	ective date is listed, the date of filing.) The date inserted in this blument's effective date on the SEVI: Other provisions, if a SEVI: SIGNATURED SIGNATURE SIGNATURE SIGNATURE CONSTITUTE SIGNATURE CONSTITUTE CONSTITUTE SIGNATURE CONSTITUTE CONSTITUTE SIGNATURE CONSTITUTE CONSTITUTE SIGNATURE CONSTITUTE CO	ock does not rive Department any. RE: mature of a ma	ember of an authorized representative of stated in accordance with section 605.0203 (1) to information submitted in a document to the felony as provided for in s.817.155, F.S. authorized Representative/Attorney	a member. (b). Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)