Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000247252 3)))



H090002472523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browspr from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I20000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future ennual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. OTE, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

<u>OF</u>

OTE, LLC

ARTICLE 1

The name of the limited liability company is OTE, LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

255 Alhambra Circle Suite 500 Coral Gables, FL 33134

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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 position as registered agent.

Date: 11-19-09

Registered Agent's Signature

TITUE AM SE

ARTICLE Y

The name and address of each Managing Member is as follows:

| <u>Title</u> : | Name and Address: |
|-----------------|--|
| Managing Member | Claudia E, Okkayan de Ebekian 25\$ Alhambra Circle 8uite 500 Coral Gablés, FL 33134 |
| Managing Member | Carlos Eduardo Ebekian 255 Alhambra Cirole Suite 500 Coral Gables, FL 33134 |
| Managing Member | Oscar Tamashiro 255 Alhambra Circle Suite 500 Coral Gables, FL 33134 |
| Managing Member | Aleira L. Ökkayan de Tamashiro 255 Alhambra Circle Suite 500 Coral Gables, FL 33134 |

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signes:

CLAUDIA E. OKKAYAN DE EBEKIAN

CARLOS EDUARDO EBEKIAN

OSCAR TAMASHIRO

ALCIRA L. OKAYANDE TAMASHIRO

FILED 9 NOV 24 AM 8: 27