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SEURGFARY OF STATE
FALLAHASSEE, FLORID

D. BRUCE

MAR 15 2011

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co					
SUBJI	ECT:	OG.	K Creative, L	LC		
		Name of Limite	d Liability Cor	npany		_
The en	closed Articles of	f Organization and fee(s) are s	submitted for fil	ling.		
Please	return all corresp	ondence concerning this matt	er to the follow	ing:		
		Cı	raig Kuperma	an		
			Name of Person			
		OG	K Creative, L	LLC		
	-		Firm/Company			
	1200A E. Atlantic Avenue					
			Address		Ď	
		Delra	y Beach, FL	33483	LLA	= = =================================
	· · · · · · · · · · · · · · · · · · ·	City	/State and Zip C	ode	HAS	780
		cra	ig@theogk.c	om	338 788	+
		E-mail address: (to be used for		eport notification)	FES	至门
For fur	ther information of	concerning this matter, please	call:		TATE ORIDA	L) 4: 52
		uperman	at (561)450-6721		
	Name o	of Person	Area Co	ode & Daytime Tele	phone Number	
Enclos	ed is a check fo	r the following amount:				
125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (X \$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Clifton	/Courier Address ration Section on of Corporations a Building Executive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	OR FLORIDA LIVII I ED LIABILITY COMPANY
The name of the Limited Liability Compa	any is:
OGK C	reative, LLC
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
OGK Creative, LLC 1200A E. Atlantic Avenue Delray Beach, FL 33483	OGK Creative, LLC 1200A E. Atlantic Avenue Delray Beach, FL 33483
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
	Name
Florida str	E. Atlantic Avenue reet address (P.O. Box NOT acceptable) Beach, FL 33483 City, State, and Zip
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compacted accept the obligations of my position of Registered Agent's	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Craig Kuperman
	1200A E. Atlantic Avenue
	Delray Beach, FL 33483
MGRM	Christopher Occhipinti
	1200A E. Atlantic Avenue
	Delray Beach, FL 33483
MGRM	Geoffrey Gross
	1200A E. Atlantic Avenue
	Delray Beach, FL 33483
(Use attachment if necessary) LE V: Effective date, if other than	n the date of filing: (OPTION
LE V: Effective date, if other than	n the date of filing: . (OPTION ist be specific and cannot be more than five business dates that the specific and cannot be more than five business dates.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	n the date of filing:
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	ember or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is	ember or an authorized representative of a member. 1008.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein formation submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is	ember or an authorized representative of a member. 1008.408(3), Florida Statutes, the execution of this document, under the penalties of perjury that the facts stated herein metrue. Information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.) Craig Kuperman
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is	ember or an authorized representative of a member. 1008.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein formation submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)