#3357 P.001/004

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Division of Corporations

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From:

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FLORIDA LIMITED LIABILITY CO. OMB & TWINS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
OMB & Twins, LLC.			
(Must end with 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:			
1400 Salado St#504 Coral Gables, Fl. 33184 Coral Gobles, Fl. 33184 Coral Gobles, Fl. 33184			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Monica Benitez			
Name			
1400 Salacdo Statesof Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
Coral Gables FL 33/34			
City, State, and Zip			
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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) The name and address of cac	or Managing Member(s): h Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:	
MGR	Monica Bentez 1400 Salzedo St #504 Coral Gables, fl 33124	
Mar	Orlando benitee 6275 Sw 12) st Hiami, fl. 33156	
MORM	Honica Benitez 1400 Falzedost Asot Coral Gables, H 33131	
MGRM	Onando Beniter 6245 EW 1215+ Miami, Fl. 23156	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.	than the date of filing:(e must be specific and cannot be more than five bu)	OPTIONAL) isiness days prior
REQUIRED SIGNATURE	: NADQ	
Signature of	f a member of an authorized representative of a member.	
(In accordan of this document)	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)	
	Typed or printed name of signee	
Filing Fees:		72
of Registered Agent		See See
\$ 30.00 Certified Copy (Opt	ional) (Ontional)	

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