

L1400079128

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.

((H14000257409 3)))



H140002574093ABC%

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

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 NOV -4 AM 10: 20

FILED

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
OC42 CHARTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

83792

RECEIVED
14 NOV -4 AM 10: 00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

NOV 05 2014
J. BRUCE

4

H14000257409

Martinez-Marquez, CPA, PA.
6303 Blue Lagoon Drive, Suite 200
Miami, FL 33126

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

OC42 CHARTER, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

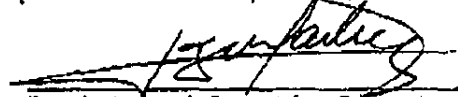
2870 SW 32ND St
Miami, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agents' Signature

The name and the Florida street address of the registered agent are:

Jorge Martinez, CPA
6303 Blue Lagoon Dr., Suite 200
Miami, FL 33126

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..



Registered Agent's Signature

2014 NOV -4 AM 10:20
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV - Authorized Members or Managing Members

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Nicole Bailey 2870 SW 32nd Ct Miami, FL 33133
AMBR	Barbara M Bailey 5550 Williamsburg Way Fairfield, OH 45014

~~ARTICLE V - Percentage Participation of Members~~

The Percentage participation of the members shall be as follows:

Nicole Bailey	95%
Barbara M Bailey	5%

ARTICLE VI - Management

The business of the company shall be conducted under the exclusive management of its authorized members, who will have the exclusive authority to act for the company in all matters. Either Managing Member acting in their individual capacity shall have the authority to bind the LLC to a third party with respect to any matter.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV -4 AM 10:20

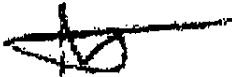
FILED

ARTICLE VII - Continuance of the Company

In the event of the death, resignation, or retirement of an authorized member, the remaining authorized member shall have the sole right to continue the business of the Company and shall acquire the membership interest of the retired authorized member.

Signatures on following page

REQUIRED SIGNATURES:



Nicole Bailey



Barbara M Bailey

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
2014 NOV -4 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/04/2014 16:53 3056539696
90745000714