

U3000056755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

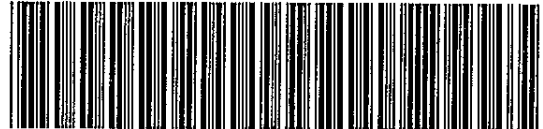
Special Instructions to Filing Officer:

12/19

FL LC

CWS

Office Use Only



500025597765

12/19/03--01036--014 \*\*130.00

MJH

FILED  
03 DEC 19 PM 5:13  
MILWAUKEE, WISCONSIN

## **MICHAEL H. WOLF & ASSOCIATES, LLC**

---

MICHAEL H. WOLF, Attorney-At-Law  
LA VERNE MORGAN ANDREASEN, Attorney-At-Law  
3832 North University Drive • Sunrise, FL 33351  
(954) 748-8233 • fax (954) 748-8255

December 17, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: OPTI-KA INTERNATIONAL, LLC

Dear Clerk:

Enclosed please find the following:

1. Original and one copy of the Articles of Organization for the above name.
2. Check for \$130.00, as and for the filing fee, designation of registered agent and Certificate of Status.

Thank you very much for your cooperation.

Very truly yours,

MICHAEL H. WOLF & ASSOCIATES, LLC



FOR MICHAEL H. WOLF, ESQ.  
MHW/lm

enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTI-KA INTERNATIONAL, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL H. WOLF, ESQ.  
(Name of Person)

MICHAEL H. WOLF & ASSOCIATES, LLC  
(Firm/Company)

3832 NORTH UNIVERSITY DRIVE  
(Address)

SUNRISE, FL 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL H. WOLF at ( 954 ) 748-8233  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
03 DEC 19 PM 5:13  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OPTI-KA INTERNATIONAL, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2500 EAST HALLANDALE BEACH BLVD.

SUITE N

HALLANDALE, FL 33009

**Mailing Address:**

2500 E. HALLANDALE BEACH BLVD.

SUITE N

HALLANDALE, FL 33009

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MICHAEL H. WOLF, ESQ.

Name

3832 N. University Drive

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

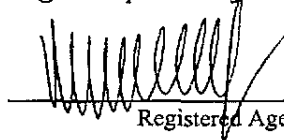
SUNRISE,

FLORIDA 33351

City, State, and Zip

FILED  
03 DEC 19 PM 5:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MENNY GILA

5309 BANYAN LANE

TAMARAC, FL 33319

MGR

MOSHE YALON

2500 E. HALLANDALE BEACH BLVD., #N

HALLANDALE, FL 33009

MGR

CARLOS ROMERO

2509 CENTERGATE DRIVE, APT. 101

MIRAMAR, FL 33025

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(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.)

MENNY GILA

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)