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(Red	uestor's Name)			
(Add	ress)			
(Add	iress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only

2004 MAR 26 P 2: 13



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TRANSMITTAL LETTER

FILED

10: Registration Section		
Division of Corporations	2004 MAR 2	b P 2: 13
SUBJECT: OTTOgnosis, LLC		
(Name of Limited Liability Company)	TALLAHASS	Y OF STATE EE. FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the follow	wing:	
Bennett C, Sandick		
(Name of Person)	· · · · · ·	,
(Firm/Company)	<u> </u>	<u></u>
10295 St. Patrick Lane		
(Address)	,	
Bunita Springs, Florida 34135		
(City State and Zip Code)		
For further information concerning this matter, please call:		-
Bennett C. Sandickat (239) 571-1115		
(Name of Person) (Area Code & Daytime Telephone	Number)	र हेक्क

STREET ADDRESS:

Registration Section Division of Corporations 409 F. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FILED FLORIDA LIMITED LIABILITY COMPANY ED

ARTICLE I - Name:	2004 MAR 26 P 2: 13 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
The name of the Limited Liability Company is:		
OTTOgnosis, LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal	al office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	
OTTOgnosis, LLC	OTTOgnosis, LLC	
16293 Enclave Village Drive	16293 Enclave Village Drive	
Tampa, Florida 33647	Tampa, Florida 33647	
ARTICLE HI - Registered Agent, Registered Office The name and the Florida street address of the registered Bennett C. Sandick	cc, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the registe	cc, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Bennett C. Sandick	cc, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, Registered Offi. The name and the Florida street address of the registe Bennett C. Sandick Name	ce, & Registered Agent's Signature: pred agent are:	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the registe Bennett C. Sandick Name 10295 St. Patrick Lane Florida street address (P.O. Box	ee, & Registered Agent's Signature: ered agent are: NOT acceptable)	

Page 1 of 2 (CONTINUED)

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 1908, Florida Statutes..

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

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

<u>Title:</u> "MGR" - Manager "MGRM" - Managing Member	Name and Address:	SECRETARY O TALLAHASSEE	STATE FLORIDA
MGRM	Philip A. Sandick		
-	5928 Lerner Hall		
	New York, NY 10027		· · · · · · · · · · · · · · · · · · ·
MGRM	Ricky D Otto		
	16293 Eclave Village Drive		•
	Tampa, FL 33647	7.7	
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(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date	is requested.	
REQUIRED SIGNATURE:	lil		
Signature of a nyember or a	n authorized representative of a m	ember.	
	608.408(3), Florida Statutes, the execution affirmation under the penaltics of ctrue.)		

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)

Typed or printed name of signee