

Charter Number Only  
**L00000002673**

3/8/00

Requestor's Name Humber to Ocariz  
Address 2151 LeJeune Rd #312  
Coral Gables, Fl. 33134  
City State ZIP Phone  
(305) 444-8288A

VALIDATION ONLY

900003163919--S  
-03/09/00--01063--024  
\*\*\*\*125.00 \*\*\*\*125.00

CORPORATION(S) NAME

OGZ / Grana Financial Group, LLC

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Foreign         | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Mail Order                 |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up                    |

Name	<u>De 3-9</u>
Availability	<u>De 3-9</u>
Document	<u>De 3-9</u>
Examiner	<u>De 3-9</u>
Updater	<u>De 3-9</u>
Verifier	<u>De 3-9</u>
Acknowledgment	<u>De 3-9</u>
W.P. Verifier	<u>De 3-9</u>

FILED  
00 MAR -9 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
00 MAR -9 PM 12:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles for a  
Other limited liability comp  
( ) Change of Registered Agent



Empire Toll Free: 1-800-432-3028

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: OGZ/Grana Financial Group, LLC

## ARTICLE II - Address:

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

2151 Lejeune Road  
Suite #312  
Coral Gables, FL 33134

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

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

Hiram Ocariz  
Name  
2151 LeJeune Road Suite #312  
Florida street address (P.O. Box NOT acceptable)  
Coral Gables FL 33134  
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

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Hiram Ocariz

Typed or printed name of signee

## 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)

FILED  
00 MAR - 9 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA