

L 00000000 12142

DAVID M. ANDREWS

ATTORNEY AT LAW

100 SOUTH PARK BLVD. • SUITE 101

P.O. BOX 5358

TELEPHONE (904) 826-1987

ST. AUGUSTINE, FL 32085

FAX (904) 826-4236

September 28, 2000

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SUBJECT: OSI Florida, LLC

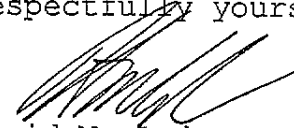
600003411006--8
-10/02/00--01082--003
****130.00 ****130.00

Dear Sir/Madam:

Enclosed is an original and one copy of the articles of organization and a check for \$130.00 for the Filing Fee, Registered Agent Designation, and Certificate of Status.

Please contact me if you need additional information.

Respectfully yours,


David M. Andrews

DMA/dda
Enclosure

FILED
00 OCT -2 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mnt
10/5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: OSI Florida, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
280 Business Park Circle, Suite 410, St. Augustine, Florida 32095

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

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

Carl Purvis
27 Marshview Drive
St. Augustine, FL 32080

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..

Carl Purvis
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)

Carl Purvis
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.)

Carl Purvis
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 OCT -2 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA