LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State 04-22-2002 90243 007 ****50.00

DOCUMENT # 2 01 000 1. Entity Name OREYZI Enterprese DO NOT WRITE	$\overline{}$	/ PACE		. 89929
2. Principal Place of Business 1111 Deckell Ave	3. Mailing Address	<u> </u>	<u></u>	
Suite Apr. 1. etc. 1/1 Plage	Suite, Apt. ≠, etc.		DO NOT WRITE IN THIS SPACE	
City & State HIAMI, FC 33/3/	City & State	& State 4. FFI Number		
Zip Country	Zip	Country	65-108169D	
			5. Certificate of Status Desired	Foo Decuired
DO MOTIVA			7. Name and Address of Current Regis	tered Agent
DO NOT W IN THIS SP		125	P.O. Box Number is Not Acceptable) EDGE WATER DA	79
8. The above named entity submits this statement for		~ y / / /		Zi Code
9. MANAGING MEMBERS	FE Make Check Paya DU	E IS \$50.00 E Cobe to Department of EBY MAY 1		2030
NAME STREET ADDRESS CITY-ST-7P TITLE MARE STREET ADDRESS CITY-ST-7P	and the second	NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SABAN OREY TO BE SENTING TO STREET ADDRESS TO S	D1. #9 33133	NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY: ST-20P		TITLE NAME STREET ADDRESS. CITY-ST-2MP	DO:NOT WRI	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	i M S	ITILE IAME TREÉT ADDRESS ITY-ST-ZIP		
NAME STREET ADDRESS CITY-S7-JIP 11. I hereby certify that the information supplied with this findicated on this report is true and accurate and that in limited liability company or the receiver or trustee emman	:ne Si	TLE AME TREET ADORESS TY-ST-ZIP		

this report as required by Chapter 608. Florida Statutes.

JPCE: SIGNATURE AND TYPED ORFRENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-20-202