

LO20000004833

O.P.M., LLC  
Requestor's Name  
1351 Collins Ave., #6  
Address  
Miami Beach, FL 33139  
City/State/Zip Phone #

900005020679--7  
=02/26/02--01015--018  
\*\*\*\*180.00 \*\*\*\*130.00  
Office Use Only

2/25

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) NJH
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
02 FEB 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$125.00  
Cus 5.00

Examiner's Initials	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:

**O.P.M., LLC**

## ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
**1351 Collins Avenue #6 Miami Beach, FL 33139**

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

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

**Paul R. David**

Name

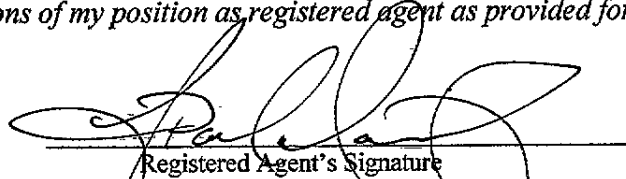
**1351 Collins Avenue #6**

Florida Street address (P.O. Box NOT acceptable)

**Miami Beach, FL 33139**

City, State and Zip

*Having been named as the 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  
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.)

**Gerard A. Albers**

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)

FILED  
02 FEB 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA