

L03000022410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

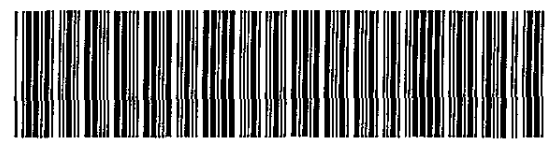
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100020314651

06/05/03--01029--004 **155.00

W24/19
03 JUN 19 PM 3:20
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM THE DESK OF . . .

BRYAN BROOKS

June 3, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I wish to Register my company as a LLC and have enclosed my check of \$155 for the filing fee for the Articles of Organization, designation of Registered Agent, and Certified Copy.

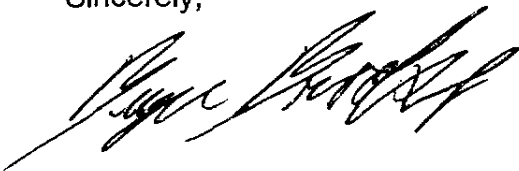
My name, address and day time phone number:

Bryan Brooks
20202 NE 34 Ct.
Aventura, FL 33180
305-788-6262

Please send me the Certified Copy at your first opportunity.

Thank you.

Sincerely,



Bryan Brooks

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W03-6627



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 10, 2003

BRYAN BROOKS
20202 NE 34 CT
AVENTURA, FL 33180

SUBJECT: ORAWAY LTD. CO.
Ref. Number: W03000016624

We have received your document for ORAWAY LTD. CO. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 603A00036175

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DIVISION OF CORPORATIONS
03 JUN 19 PM 3:20

Thank you for your help!
Bryan Brooks

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORAWAY Ltd. Co.

ARTICLE II - Address:

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

20202 NE 34 CT.
AVENTURA, FL 33180

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

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

BRYAN BROOKS

Name

20202 NE 34 CT.

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA, FL 33180

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.

Bryan Brooks
Registered Agent's Signature

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

Bryan Brooks
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.)

BRYAN BROOKS
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)~~

155.00

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