

L03000027372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCAC0000000005

REFERENCE:
(Sub Account)

960 9294-1

DATE:

7/25

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() (-) ext ()

CONTACT NAME:

CORPORATION NAME: OHAR, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

FILED
03 JUL 2011
11:12
STATE
FLORIDA

125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OHAR, LLC

ARTICLE II - Address:

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

450 W Central Parkway, Suite 2000 Altamonte Springs, FL 32714

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

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

MANOGANYA RANADIVE

Name
450 W Central Parkway, Suite 2000

Florida street address (P.O. Box **NOT** acceptable)
Altamonte Springs FL 32714

City, State, and Zip

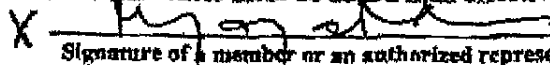
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

X 
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)

X 
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.)

MANOGANYA RANADIVE

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)

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STATE OF FLORIDA