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J. BRYAN OCT - 8 2003



THOMAS J. LONGMAN, P.A.

Certified Public Accountants & Consultants

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11098 BISCAYNE BLVD.

SUITE 304

MIAMI, FL 33161

August 28, 2003

Registration Section

Division of Corporations

P. O Box 6327

Tallahassee, Florida 32314

RE: Articles of Organization For:
Occhiali Lab, LLC
13401 NW Miami Ct
Miami, FL 33168
Attn: Beth Andreozzi, Registered Agent

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2003 SEP 29 PM 3:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please find enclosed the Articles of Organization for **Occhiali Lab, LLC** along with a check in the amount of **\$155.00** to cover the costs for Filing fees, designation of Registered Agent & Certified Copy.

Please establish the above named Limited Liability Corporation and return certified copy to the undersigned.

Thank you very much for your prompt attention and assistance in this matter.

Sincerely,

Thomas J. Longman CPA

Enclosures

MEMBER

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS/FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
DIVISION FOR CPA FIRMS AICPA

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JULIANNE CORPORATION
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
Occhiali Lab, LLC

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I & II
NAME AND PRINCIPLE PLACE OF BUSINESS

The name of the limited liability company shall be **Occhiali Lab, LLC**, and its principle office and mailing address shall be located at **13401 NW Miami Ct, in the City of Miami, County of Miami Dade, State of Florida, 33168** but it shall have the power and authority to establish branch offices at any other place or places as the managers/Members may designate.

ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is **13401 NW Miami Ct, City of Miami, County of Miami Dade, State of Florida, 33168** and the name of the company's initial registered agent at that address is **Beth Andreozzi**.

ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by one Manager. The name and address of the person who shall serve is as follows: **Beth Andreozzi, 13401 NW Miami Ct, Miami, FL 33168**.

The undersigned, being one of the original Members of the limited liability company, certifies that this instrument constitutes the Articles of Organization of **Occhiali Lab, LLC**. Executed by the undersigned on Sept 25th, 2003. Under penalties of perjury, the facts stated herein are true.

X Beth Andreozzi
Beth Andreozzi
Subscriber

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

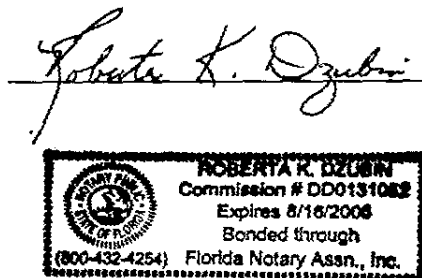
STATE OF Florida
COUNTY OF Miami-Dade

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared, Beth Andreozzi who is known to me to be the person described in and who executed the foregoing Articles of Organization, and who, being by me first duly sworn on oath, stated and acknowledged before me, that the said Articles are the act and deed of the signer respectively and respectfully, and the facts and matters therein set forth are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25 day of September, 2003.

My Commission Expires:

NOTARY PUBLIC, STATE OF
Florida AT LARGE



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is: **Occhiali Lab, LLC**

2. The name and address of the registered agent and office is:

Beth Andreozzi

NAME

13401 NW Miami Ct

ADDRESS

Miami, Fl 33168

CITY/STATE/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.

X Beth Andreozzi
SIGNATURE

X Sept 25th 2003
DATE

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA