

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•	Office Use Onl	ly



03/22/04--01022--001 **160.00

TRANSMITTAL LETTER

SUBJECT: OSCAR'S 2 L.L.C (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			-
Please return all correspondence concerning this matter to the following:			
Shirley A. Wildes (Name of Person)			
OSCAR'S 2, L.L.C.			
P. D. Box 1146 (Address)			
Okerchober FL-34973-1146 (Cip/State and Zip Code)			
For further information concerning this matter, please call:	SECONO TALLAR	CF MASS	· · · · · · · · · · · · · · · · · · ·
Shir ley A. Wildes at (863), 763-4400 (Area Code & Daytime Telephone Number)	ESE FLO	119 % 2	
	ADA AL	<u>:</u>	##*

STREET ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	•
OSCARS 2, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Shirley A. Wildes	P.D. Box 1146
P.O. Box 114h	Okeechober FL.319
OKER Chober, \$1.34973-1146	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Name 14255 N.F. 2 Florida street address (P.O. Box NO City, State, and Zip	lagent are: Lloles White Ave.

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Shirley A. Wildes
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)

Donald W. Wilder Confirm That elm 50% owner of Oscars 2, L.L.C. P.O. Box 1146 (14295 N.E. 26 th Ave.) Okelcholier, Olarida 34973-1146. Phone (863-763-4400

Donald Wildes P.O. BOX 1146 OKELVALLE Glorida 34973-1146

Signed this 6 day of March, 2004. Personally known.

Pagy S. Summors

Notary Public, State of Florida

PEGGY L. SIMMONS Notary Public, State of Florida My comm. exp. Oct. 31, 2007 Comm. No. DD 241960

O4 MAR 19 PH 2: 13

il Shirley a Wildes confirm that I'm 5070 owner of Oscar's 2, L.L.C P.O. Box 1146 (14295 N.E. 26th Ave) Kelchobiel, Dlorider 34973-1146 Phono (863) 763-4400

> F.O. POX 1146 Ellcholde, Oloreda 34973-1146

Signed this 16 day of March, 2004. Personally known.

PEGGY L. SIMMONS Notary Public, State of Florida My comm. exp. Oct. 31, 2007 Comm. No. DD 241960