

L04 0000 31259

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

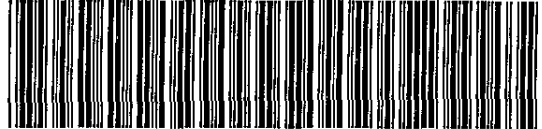
Special Instructions to Filing Officer:

789, 611 671

4/23

Office Use Only

W04-70918



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02/10/04--01024--012 \*\*125.00

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TALLAHASSEE, FLORIDA

LLC Articles Filing Letter

Registration section  
Division of corporations  
PO Box 6327  
Tallahassee, FL 32314

LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization of Optivasys LC, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address below.

A check/money order in the amount of \$ 125, made payable to your office, for total filing and processing fees is enclosed.

[ ] The above LLC name was reserved for my use

\_\_\_\_\_, issued on \_\_\_\_\_.

Sincerely,

*Caroline Ulvenhag*

Caroline Ulvenhag, Organizer

16440 Millstone Cir #207  
Fort Myers, FL 33908  
Ph: (239) 278-1989

Enclosures: Articles of Organization; check/money order

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 19, 2004

CAROLINE ULVENHAG  
16440 MILLSTONE CIR #207  
FORT MYERS, FL 33908

SUBJECT: OPTIVASYS LC  
Ref. Number: W04000007098

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for OPTIVASYS LC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 504A00011374

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OPTIVASYS LLC**ARTICLE II - Address:**

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

**Principal Office Address:**OPTIVASYS LLC1446 OCEAN DRIVE #35MIAMI BEACH, FL 33139(C/O JOHAN GRONDAHL)**Mailing Address:**OPTIVASYS LLC1446 OCEAN DRIVE #35MIAMI BEACH, FL 33139(C/O JOHAN GRONDAHL)**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

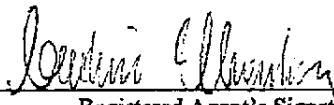
CAROLINE UHLENHAG

Name

16440 MILLSTONE CIR #207Florida street address (P.O. Box **NOT** acceptable)FORT MYERS FLORIDA 33908

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, Florida Statutes..*



Registered Agent's Signature

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 TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

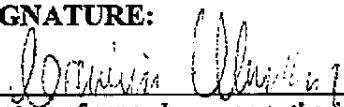
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRM
JOHAN GRONDAHL  
1446 OCEAN DRIVE #35  
MIAMI BEACH, FL 33139
MGRM
CAROLINE ULVENHAG  
16440 MILLSTONE CIR #207  
FORT MYERS, FL 33908

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
  
 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.)

CAROLINE ULVENHAG

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)

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 TALLAHASSEE, FLORIDA