

L04000054031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

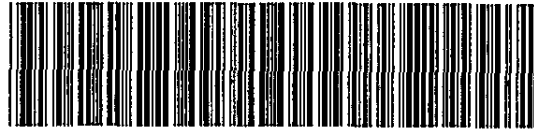
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800039169988

07/19/04--01058--006 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PM 1:55

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oros Cabinetry Ltd. Co.
(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:

Davyo Oros
(Name of Person)

Oros Cabinetry Ltd. Co.
(Firm/Company)

5580 Kismet ter.
(Address)

North-Port FL 34287
(City/State and Zip Code)

For further information concerning this matter, please call:

Davyo Oros at 941 661-9282
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
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

FILED
04 JUL 19 PM 1:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oros Cabinetry Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

5580 Kismet ter.
North - Port FL
34287

Mailing Address:

5580 Kismet ter.
North - Port FL
34287

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

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

Davyo Oros
Name
5580 Kismet ter. #6
Florida street address (P.O. Box **NOT** acceptable)
North - Port FL 34287
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..

David Oros
Registered Agent's Signature

04 JUL 2015 11:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

President

MGR

Name and Address:

Dayyo Oros
5580 Kismet Ter.
North- Port Fl 34287

Alla Bikrev
5580 Kismet Ter.
North- Port Fl 34287

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

David Oros

Alla Bikrev

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.)

Dayyo Oros

Alla Bikrev

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)

FILED
04 JUL 19 PM 1:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS