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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED

04 AUG 10 PM 1:17

DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 10 AM 8:53

FILED

**LIMITED LIABILITY COMPANY**

**ox investors, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

**ARTICLE I:**

The name of the Limited Liability Company is:

**OX INVESTORS, LLC.**

**ARTICLE II:**

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

**2900 N.W. 7<sup>TH</sup> Street  
Miami, Florida 33125**

**ARTICLE III**

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

**MICHAEL S. CEASE  
2900 N.W. 7<sup>th</sup> Street  
Miami, Florida 33125**

Having been 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.



REGISTERED AGENT'S SIGNATURE

**Prepare By:  
MICHAEL S. CEASE, ESQ.  
2900 N.W. 7<sup>th</sup> Street  
Miami, Florida 33125**

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COUNTY OF DICKENS

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**ARTICLE IV:**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



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.)

**MICHAEL S. CEASE**

Type or printed name of signee

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MICHAEL S. CEASE known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: Driver's License.

Witness my hand and official seal in the County and State last aforesaid this 9th day of August, A.S., 2004.

Notary Rubber Stamp Seal:


  
NOTARY SIGNATURE

Danella A. Wick  
Printed Notary Signature

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