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Division of Corporations

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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 : JOSEPH N. PERLMAN
Account Number : I20000000002
Phone : (727)536-2711
Fax Number : (727)536-2714

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

OK OFFICE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	014
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

2004 OCT 22 A 03

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OK OFFICE MANAGEMENT, LLC
(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:

BRENDA O'NEILL
(Name of Person)

OK OFFICE MANAGEMENT, LLC
(Firm/Company)

4138 STAR ISLAND DRIVE
(Address)

HOLIDAY, FLORIDA 34691
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA O'NEILL at (727) 709-8713
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OK OFFICE MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

4138 STAR ISLAND DRIVE
HOLIDAY, FLORIDA 34691

Mailing Address:

4138 STAR ISLAND DRIVE
HOLIDAY, FLORIDA 34691

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

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

BRENDA O'NEILL

Name

4138 STAR ISLAND DRIVE

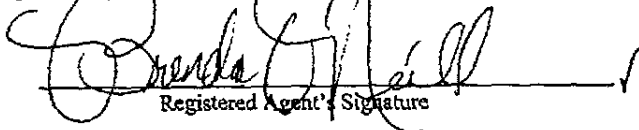
Florida street address (P.O. Box NOT acceptable)

HOLIDAY, FL 34691

FL

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, F.S.


Registered Agent's Signature

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

BRENDA O'NEILL

4138 STAR ISLAND DRIVE

HOLIDAY, FLORIDA 34691

DAMIAN KONDROTA

4138 STAR ISLAND DRIVE

HOLIDAY, FLORIDA 34691

(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.)

BRENDA O'NEILL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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