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1	(Requestor's Name)					
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	PICK-UP WAIT MAIL					
	(Business Entity Name)					
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_	(Document Number)					
Certified	Copies Certificates of Status					
Specia	al Instructions to Filing Officer:					

Office Use Only



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12/10/04--01020--006 **160.00

SECRETARY UF STATE TALLAHASSEE, FLORIDA

12/20/04



TRANSMITTAL LETTER

Department of State of Florida Division of Corporations – Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: OPPORTUNITY KNOCKS, WE INVEST, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

Other Fee \$30.00 Description Certified copy

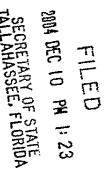
Other Fee \$ 5.00 Description Certificale OF Status

FROM: Dennis & Regina Chica

1905 South Kirkman Road #515

Orlando, FL 32811

CONTACT PHONE NUMBER: 407.253.5118



TRANSMITTAL LETTER

	Registration Section Division of Corporations					
٠.	Fig. 1. See the second of the					
SUBJEC	OPPORTUNITY KNOCKS, WE INVEST, LLC					
ODJEC	(Name of Limited Liability Company)					
	and the second of the second o					
he enclo	sed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	Dennis L. Chica					
	(Name of Person)					
	(Firm/Company)					
	1905 South Kirkman Road #515					
	(Address)					
	Orlando, FL 32811					
	(City/State and Zip Code)					
or furthe	r information concerning this matter, please call:					
	Dennis L. Chica at (407) 253-5118					
	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:			
OPPORTUNITY KNOCKS, WE	INVEST, LLC			
ARTICLE II - Address: The mailing address and street	et address of the princip	al office of the Limited	d Liability Company	ris:
Principal Office Address:		Mailing Address	<u>.</u>	
1583 East Silver Star Road #26	5			
Ocoee, FL 34761				
	-			
				•
ARTICLE III - Registered The name and the Florida stre			nt's Signatus:	2004 DEC
	Dennis L. Chica		TAR	= [
	Name		E C	32 で
	1583 East Silver Star Ro	oad #265	FL	
Flor	ida street address (P.O. Box	NOT acceptable)	DRID	h 23
Oco	98	FLORIDA 34761		
	City, State, and Zi		••	-

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)

SECRETARY OF TALLAHASSEE, F

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

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

MGRM	Managing		Dennis L. Chica
***		\$2 \$5 \tau \cdot =	1583 East Silver Star Road #265
ze.	· · · · · · · · · · · · · · · · · · ·		Ocoee, FL 34761
MGRM			Regina Chica
			1583 East Silver Star Road #265
	,		Ocoee, FL 34761
	1 J. 13m		
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	/ . · · · · · · · · · · · · · · · · · ·		

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.)

Dennis L. Chica
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)

TARY OF STATE ASSEE, FLORIDA