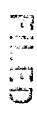
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TRANSMITTAL LETTER

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TO: Registration S Division of Co			
SUBJECT:	Ogaa LLC. (Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
S	AMANTHA	SKOLNIK Name of Person)	
	O	Firm/Company)	
<u> </u>	lindy loop	(Address)	- Anna Carlo
pe	ort orange (City)	FL. 32128 State and Zip Code)	
For further information	concerning this matter, please	call:	
SAMANT (Name	HA of Person)	at (<u>386</u>) <u>322</u> (Area Code & Daytime Te	8049 lephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certif
Regist Divisi 409 E	ET ADDRESS: tration Section on of Corporations Gaines Street assee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	DDRESS: FIRST D 2: 06 Proporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
oogaa Lli	<u>C</u>
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Same ->	44 lindy loop port orange fl 32128
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
SAMANTHA Name	SKOLNIK
	ress (P.O. Box <u>NOT</u> acceptable)
port orange City, State, ar	FL 32128
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I are familiar with and tered agent as provided for in (http://www.cs.) Signature Signature

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	SAMANTHA SKOLI 44 lindy loop port orange fl	<u>321</u> 28
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requeste	d.
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.	
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
SAMAN Typed	STHA SKOLNIK or printed name of signee	
Filing Fees: \$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ALL AH	SECRETARY OF