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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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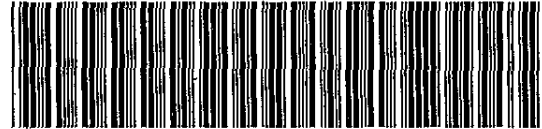
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLUMIDE INTEGRATED SERVICES 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:

CLAUDETTE MCCLATCHIE  
(Name of Person)

OLUMIDE INTEGRATED SERVICES LLC  
(Firm/Company)

7385 NW 51 ST STREET  
(Address)

LAUDERHILL, FLORIDA 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDETTE MCCLATCHIE at (954) 336 0594  
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLUMIDE INTEGRATED SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

1385 NW 51 ST STREET  
LAUDERHILL  
FL 33319

Mailing Address:

PO BOX 16544  
PLANTATION  
FL 33318

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

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

CLAUDETTE McCLATCHIE  
Name

1385 NW 51 ST STREET  
Florida street address (P.O. Box NOT acceptable)

LAUDERHILL, FLORIDA 33319  
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..*

CMcClatchie

Registered Agent's Signature

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**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

**Name and Address:**

MGRM

CLAUDETTE MCCLATCHIE  
1385 NW 51ST STREET  
LAUDERHILL, FL, 33319

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

CA McClatchie

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.)

CLAUDETTE MCCLATCHIE

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)