

L05000022018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

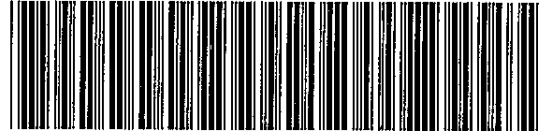
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



100047110231

RECEIVED  
05 MAR -4 PM 12:42  
DIVISION OF CORPORATION

FILED  
05 MAR -4 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEBT ACT

\*072100000 307

**ATTORNEYS' TITLE**

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1- OPASH OF BROWARD, LLC

2-

3-

4-

05 MAR -14 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

**AMENDMENTS**

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**OTHER FILINGS**

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/QUALIFICATION**

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
OPAS14 OF BROWARD, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, desiring to form a Limited Liability Company pursuant to Florida Statutes Chapter 608 hereby state as follows:

**ARTICLE I**

Name

The name of this Limited Liability Company shall be OPAS14 OF BROWARD, LLC

**ARTICLE II**

Address

The mailing address and street address of the principal office of the Limited Liability Company is 9095 S.W. 87 Avenue, Suite 777, Miami, Florida 33176.

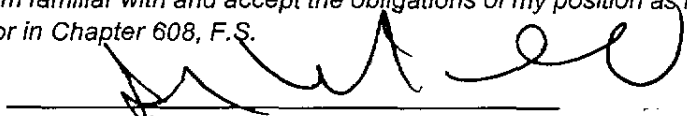
**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature

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

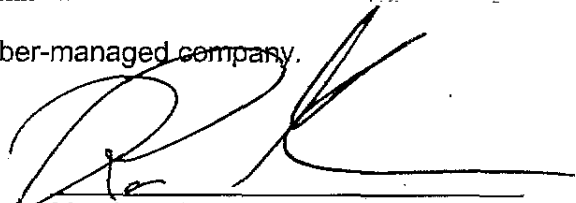
James R. Mitchell  
9095 S.W. 87 Avenue, Suite 777  
Miami, Florida 33176

*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 certification, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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

ARTICLE IV  
Management

The Limited Liability Company is a member-managed company.



Member - Ron Simkins