

May 13 2005 13:08

TRIAD PROFESSIONAL SERVICE 770 777 2091

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

2005 MAY 13 A 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 777-2094

LIMITED LIABILITY COMPANY

OR Marketing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

DIVISION OF CORPORATION

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TRIAD PROFESSIONAL SERVICE 770 777 2094

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SECRETARY OF ST.
TALLAHASSEE, FLO

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OR Marketing, 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:

Sharon M. Knox

(Name of Person)

Triad Professional Services

(Firm/Company)

4080 McGinnis Ferry Road, Suite 1304

(Address)

Alpharetta, Georgia 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J. Stalzer, Esq.

(Name of Person)

at (404)

815-3501

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee.

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

OR Marketing, LLC

ARTICLE II - Address:

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

Principal Office Address:1221 Brickell Avenue
Miami, Florida 33131**Mailing Address:**1221 Brickell Avenue
Miami, Florida 33131**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

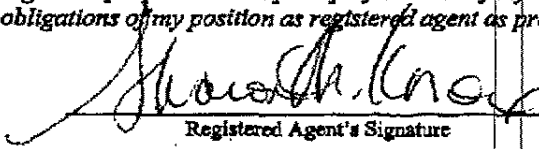
Florida street address (P.O. Box **NOT** acceptable)

Weston, Florida 33331

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

(CONTINUED)

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2005 MAY 13 A 10:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV- Manager(s) or Managing Member(s):**

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

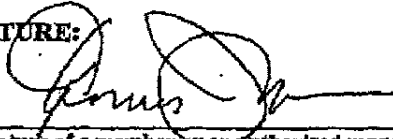
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRIsabel Calama1221 Brickell Avenue, Suite 1590Miami, Florida 33131

(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.)

Thomas J. Stalzer, Esq.

Typed or printed name of signer

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)