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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RECEIVED

05 JUN -6 AM 8:03

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -6 AM 10:14

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LIMITED LIABILITY COMPANY

CSTA OF FLORIDA LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

Jun-06-05 12:06pm From:Baumer Baron

212 787 8178

T-885 P 001

F-838

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSTA OF FLORIDA LLC

ARTICLE II - Address:

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

Principal Office Address:

28 MAPLE BRANCH COURT

PORT REPUBLIC, NJ 08421

Mailing Address:

28 MAPLE BRANCH COURT

PORT REPUBLIC, NJ 08421

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

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

Corporation Service Company

Name

1201 Elys Street

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

Tallahassee

FLORIDA 32301

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.

Corporation Service Company

By: Sabatha Miller

Registered Agent's Signature

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Jun-05-05 12:00pm From:Branner Baron

212 797 9179

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F-839

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:

MGR

CARLTON BLASE

28 MAPLE BRANCH COURT

PORT REPUBLIC, NJ 08421

MGRM

LISA BLASE

28 MAPLE BRANCH COURT

PORT REPUBLIC, NJ 08421

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Eric W. Olson

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.)

By: ERIC W. OLSON

Typed or printed name of signer

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)

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