

L05000107753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

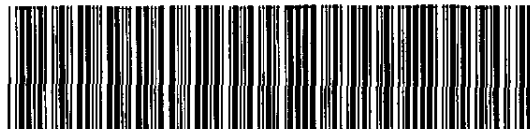
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Signature]
11/7/05

~~W05-48706~~

Office Use Only



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10/24/05--01031--017 **100.00

SECRET
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:11

APPROVAL
AND
FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 25, 2005

PETER E. MURRAY
2801 S.W. 73RD WAY, APT. 1701
DAVIE, FL 33314-1019

SUBJECT: ORAL TECHNOLOGIES LLC
Ref. Number: W05000048706

We have received your document for ORAL TECHNOLOGIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 105A00064745

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oral Technologies L L C
(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:

Peter E. Murray

(Name of Person)

Oral Technologies L L C

(Firm/Company)

2801 SW 73rd Way, Apt # 1701

(Address)

Davie, Florida, 33314-1019

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter E. Murray

(Name of Person)

at (954) 465 6528

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oral Technologies LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2801 SW 73rd Way, Apt# 1701
Davie, FL 33314-1019

Mailing Address:

2801 SW 73rd Way, Apt# 1701
Davie, FL 33314-1019

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter E. Murray

Name

2801 SW 73rd Way, Apt# 1701

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

Davie, FL 33314-1019

City, State, and Zip

SECRET
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:12

APPROVED
AND
FILED

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..

Peter E. Murray

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

• **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

Peter E. Murray

2801 SW 73rd Way, Apt# 1701

Davie, FL 33314-1019

MGRM

Kenneth Namerow

2801 SW 73rd Way, Apt# 1701

Davie, FL 33314-1019

MGRM

Sergio Kuttler

2801 SW 73rd Way, Apt# 1701

Davie, FL 33314-1019

MGRM

Franklin Garcia-Godoy

2801 SW 73rd Way, Apt# 1701

Davie, FL 33314-1019

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Peter E. Murray

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.)

Peter E. Murray

Typed or printed name of signee

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)