# 105000/1/0847

(Re	questor's Name)	<u> </u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>)</del> #}		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300061716383

12/02/05--01016--001 \*\*125.00

2005 DEC -2 PM 4: 09

# TRANSMITTAL LETTER

TO: Registration Section Division of Corpor						
SUBJECT: Oriago, LLC	(Name of Limited	I Liability Com	pany)			
The enclosed Articles of Or	ganization and fee(s) are su	abmitted for filin	ng.			
Please return all correspond	lence concerning this matter	r to the followin	ıg:			
Grant Gierin	ager					
		lame of Person)				
					2005	) ) ) (1)
	(F	Firm/Company)			2005 DEC -2	CRE
					, C	97X
755 Grand Blvd	f., Suite B105-353					ARY OF STA F CORPORA
<del></del>		(Address)	<del>-,,- · · · · · · · · · · · · · · · · · ·</del>		PH 4: 09	ST/
					0	
Destin, F	FL 32550		· ·		9	<del>-</del> -
	(City/S	State and Zip Coo	le)			
For further information con-	cerning this matter, please of	call:				
Grant Gieringer		at ( 720	、837-4076			
(Name of F	Person)	(Area Co	de & Daytime Te	elephone Number)		-
Enclosed is a check for th	e following amount:					
	\$130.00 Filing Fee & ertificate of Status	S155.00 I Certified Cop (additional copy	py	S \$160.00 Filing Certificate of Statu Certified Copy (additional copy is encl	s &	
Registration	ADDRESS: on Section		MAILING A	DDRESS:		
	of Corporations ines Street	Division of Corporations P.O. Box 6327				
Tallahassee, Florida 32399			Tallahassee, F			

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is	;			
Oriago, LLC	· · · · · · · · · · · · · · · · · · ·			
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liabil	lity Company is:		
Principal Office Address:	Mailing Address:			
755 Grand Blvd., Suite B105-353	755 Grand Blvd., Suite B105-353			
Destin, FL 32550	Destin, FL 32550			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the		SECRET DIVISION O		
Grant Gieringer				
Name		F CO		
755 Grand Blvd., Suite B105-353		PA RPO		
Florida street ad	dress (P.O. Box NOT acceptable)	RATA		
Destin, FL 32550	FL	<b>60</b>		
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)

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Grant Gleringer
	755 Grand Blvd., Suite B105-353
	Destin, FL 32550
	<u> </u>
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested
1101E. An auditolian at tiele must be	about it an effective nate is requested
REQUIRED SIGNATURE:	
	,
$\Delta t R$	
Signature of a member of	r an authorized representative of a member.
_	( )
of this document constitute that the facts stated here	n 608/408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Grant Gieringer	
Typed	or printed name of signee
Filing Fees:	
Trille 1 And	
\$125.00 Filing Fee for Articles of Organization	ation and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)