## L0600063393

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

	legistration Se Division of Cor				
SURIEC'	<sub>r.</sub> Gary O	ksana LLC			
302000			d Liability Compa	any)	
The enclo	sed Articles of	f Organization and fee(s) are so	ubmitted for filing	g.	
Please reti	ırn all corresp	ondence concerning this matte	er to the following	g:	
G	reg Gary				
		0	Name of Person)		
			Firm/Company)		
5'	33 South	Howard Ave	• • •		
<u> </u>		Tioward Ave	(Address)		
			(Madress)		
Ta	ampa, Fl	_ 33606			
		(City.	/State and Zip Code	<del>-</del> )	
For furthe	r information o	concerning this matter, please	call:		
		octioning this matter, preaso	•		
R. A. R	andall CP	Α	at ( 727	424-188	
	(Name	of Person)	(Area Cod	e & Daytime To	elephone Number)
Enclosed	is a check fo	or the following amount:			
\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Find Copy (additional copy)	•	\$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation Suilding Secutive Center	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	nme: Limited Liability Company i	is:	
Gary Oksana LLC			
(Must end with the work	ds "Limited Liability Company, "Lir	nited Company" or their abbreviation "LLC," or "L.C.,"	)
ARTICLE II - A The mailing addre		principal office of the Limited Liability C	ompany is:
Principal Office	Address:	Mailing Address:	
533 South Howard Av	ve	533 South Howard Ave	
Tampa, FL 33606		Tampa, FL 33606	<u> </u>
			_
(The Limited Liability of business entity with an	Registered Agent, Register Company cannot serve as its own Registration.)  Florida street address of the	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or ano e registered agent are:	other
	R. A. Randall CPA		DIVISION OF COMMENT
	Nan	ne	MON
	533 South Howard Ave		○ 2
	Florida street	address (P.O. Box NOT acceptable)	<b>~</b> ~
	Tampa	FL 33606	POR POR
	City, State	e, and Zip	OF STATE DREPORATION
liability compo registered agent o statutes relating	any at the place designated i and agree to act in this capac g to the proper and complete	to accept service of process for the above stand this certificate, I hereby accept the appoin city. I further agree to comply with the prove performance of my duties, and I am familial gistered agent as provided for in Chapter 60	itment as visions of all r with and

(CONTINUED) Page 1 of 2 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" = Ma		
MOKWI - I	Managing Member	
MGRM		Greg Gary
	<del></del>	533 South Howard Ave
		Tampa, FL 33606
	<u></u>	
	<del></del>	
		<del></del>
Use attachm	ent if necessary)	
(ese attaenin	ene ii necessary)	
LE V: Effect	ive date, if other than the	date of filing: (OPTION
fective date is	s listed, the date must b	be specific and cannot be more than five business da
days after th	e date of filing.)	•
REQUIRED	SIGNATURE:	4
	01	12.01
	RU	Ramaau
	Signature of a member	er or an authorized representative of a member.
	(In accordance with se	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

R. A. Randall CPA

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee