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SECRETARY OF STATE
TALLAHASSEF FIREM

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	O Enterprises, L (Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	τ to the following:	
	Clair	Cood Name of Person)	
	a	Name of Person)	
	Good Fin	ancial Group, Firm/Company)	LLC
	(Firm/Company)	
	53 NW 10th	ave - Gaines	ville FL 32605
		(Address)	
G	ainesville, F	(State and Zin Code)	
	(City/	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Gene G	ood	at (8/3) 390- (Area Code & Daytime To	2411
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
■ \$125.00 Filing Fee	\$130.00 Fiting 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)
	Mailing Adduses	Street/Couries Addson	_

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: Mailing Address:
113 West Gladys St Tampa, FL 33602 Tampa, FL 33602
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:
Clair Good Name
1653 NW 16 ^{†L} ave Florida street address (P.O. Box <u>NOT</u> acceptable)
Gaines ville FL 32605 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
Question Single Property Singl
Registered Agent's signature (REQUIRED) CRETARY AUG 14
(CONTINUED) Page 1 of 2
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<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger naging Member	Name and Address:	
MGRM		Jeremy Perez 113 West Gladys St Tampa, FL 33102	
			- - -
			- -
			- -
LE V: Effective	date, if other than the sted, the date must be	date of filing: (OPTIO	- - ONA day
(Use attachment LE V: Effective ffective date is list of days after the days afte	e date, if other than the sted, the date must be late of filing.)	date of filing: (OPTIO	- - - ONA day

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\$125.00 Filing Fee for Articles of Organization and Designation

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