

LO 60000859 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

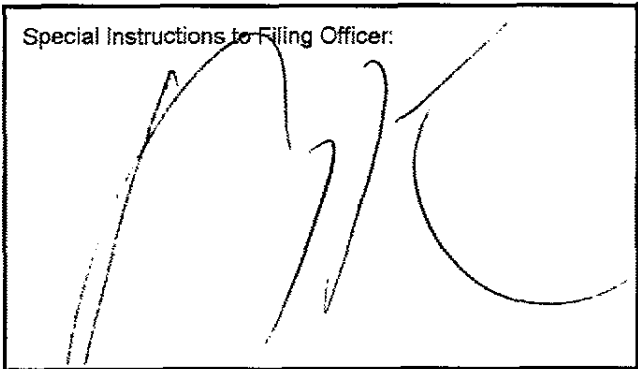
PICK-UP WAIT MAIL

(Business Entity Name)

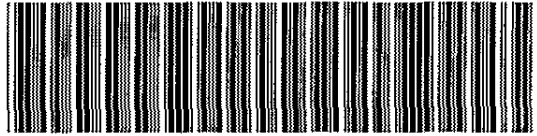
(Document Number)

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**LAZARUS
CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 1507 O.P., L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
1507 O.P., L.L.C.**

ARTICLE I - Name

The name of the Limited Liability Company is: **1507 O.P., L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: **PERPETUAL.**

ARTICLE IV - Management

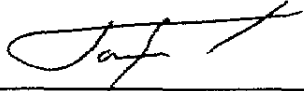
The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **TOMAS VAZQUEZ, 8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

The undersigned member or authorized representative of a member of: **1507 O.P., L.L.C.** disposes and says:

- 1) the above named limited liability company has at least one member.

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- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.



NAME TOMAS VAZQUEZ

8/29/06

DATE

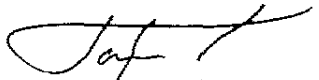
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is : 1507 O.P., L.L.C.
2. The name and address of the registered agent and office is:

TOMAS VAZQUEZ, 8490 South Lake Forest Drive
DAVIE, FLORIDA 33328

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.



NAME TOMAS VAZQUEZ



DATE