

LO6000102845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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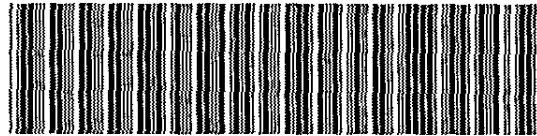
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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LO6-102845
GR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The enclosed Article of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paola Reyes

510 Shotgun Rd, Suite 150

Weston, FL 33326

For further information concerning this matter, please call:

Paola Reyes at (954) 449 -1706

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &
Certificate of Status ☐ \$155.00 Filing Fee &
Certificate Copy

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32301

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization
For
FLORIDA Limited Liability Company**

Article I

The name of the Limited Liability Company is:

OWNER ALLIANCE, LLC.

Article II

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

**510 SHOTGUN RD, SUITE 150
WESTON, FL 33326**

The mailing address of the Limited Liability Company is:

**510 SHOTGUN RD, SUITE 150
WESTON, FL 33326**

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

***OSCAR TORRES
510 SHOTGUN RD, SUITE 150
WESTON, FL 33326***

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TALLAHASSEE, FLORIDA

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.

Registered Agent Signature: _____

OSCAR TORRES

ARTICLE V

The Limited Liability Company is a member managed company.

ARTICLE VI

The name and address of managing members/managers are:

TITLE: Managing Member

**OSCAR TORRES
510 SHOTGUN RD, SUITE 150
WESTON, FL 33326**

TITLE: Member

**OSCAR GIOVANN TORRES
510 SHOTGUN RD, SUITE 150
WESTON, FL 33326**

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TALLAHASSEE, FLORIDA

ARTICLE VII

The effective date for this Limited Liability Company shall be:

Signature of member or an authorized representative of a member.

Signature: _____

OSCAR TORRES