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SECRETARY OF STATIONS DIVISION OF CORPORATIONS OF CORPORATIONS

J. BRYAN DEC 2 9 2006

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dervices, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Freddie Brown (Name of Person)	
(Name of Person)  (Name of Person)  (Firm/Company)	1
(Firm/Company)  320 S. Flamingo Rd., #3//	1
Pembrolie Pines, F1 33027 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
Christopher A. Parrella at (786) 325-1623 (Area Code & Day time Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:
Omega Ry Service	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Compa	ny, "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:
321 S Clauses RD	320 & Flauman R.D.

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:

**ARTICLE I - Name:** 

Christopher Parrella
Name

320 5. Flamingo Rd, #3//
Florida street address (P.O. Box NOT acceptable)

Pembroke Megi, Fl. 33027

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or M The name and address of each Ma	Ianaging Member(s):
Title: "MGR" = Manager "MGRM" = Managing Member	Inager or Managing Member is as follows:  Name and Address:  Christopher Parcella
MORM	Christopher Parrella 5 320 5. Flaminga R.D., #3/1 Pembroke Pines, Fl. 33027
MGBM	Freddie Brown 320 S. Flamingo RD., #311 Pembroke Pines, Fl. 35021
MC-RM	Premlumar Chandralumar 320 S. Flamingo RD., #3// Pembroke Aires, Fl. 33027
	-
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a met	topic of an authorized representative of a member.
	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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