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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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05/29/07--01044--016 **130.00

DIVISION OF CORPURATION.

COVER LETTER

TO: Registration Se Division of Co					
_{SUBJECT:} Оррог	tunity Holding LLC			·	
	(Name of Limite	ed Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Ernesto D	Diaz MD				
<u> </u>		Name of Person)			
	•	(Firm/Company)		·····	
9210 SW	GRAND CANA	L DRIVE			
		(Address)			
MIAMI. F	L 33174				
		/State and Zip Code)		2	35
F6-45		,,		07 MAY 29 AM 11: 16	经
ror turther information	concerning this matter, please	call:		29	SAL
Ernesto Diaz MD at (305) 785-3508		呈	12 C		
(Name	of Person)	(Area Code & Daytime T	elephone Number)		OKPORATIONS
Enclosed is a check for	or the following amount:			16	SHO
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	_		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Opportunity Holding LLC (Must end with the words "Limited Liability	ty Company, "Limited Company" or their abbreviation "LL	C," or "L.C.,")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
9210 SW GRAND CANAL DRIVE MIAMI, FL 33174	9210 SW GRAND CANAL DI MIAMI, FL 33174	RIVE
	ent, Registered Office, & Registered Agent rve as its own Registered Agent. You must designate an ind istration.) address of the registered agent are:	20 72
Ernesto Dia		Y OF STATIONS CORPORATIONS
	Name	T 22
9210 SW (GRAND CANAL DRIVE	90 OKS
	Florida street address (P.O. Box NOT acceptable)	
MIAMI,	_{FL} 33174	
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper of	ed agent and to accept service of process for the e designated in this certificate, I hereby accept to in this capacity. I further agree to comply wi and complete performance of my duties, and I d position as registered agent as provided for in	the appointment as th the provisions of all am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Title: "MGR" = Manager "MGRM" = Manager	ing Member	Name and Address:		
	MGR		Ernesto Diaz MD	_	
			9210 SW GRAND CANAL DRIVE	-	
			MIAMI, FL 33174	-	
				-	
				-	
				-	
				- -	
				-	
				-	
	(Use attachment if r	necessary)			
(If an ef	ffective date is listed	, the date must be sp	e of filing: 05/24/2007 . (OPTIC ecific and cannot be more than five business		
10 OF 90	days after the date	or ming.)			
	REQUIRED SIGN	ATURE:		07	SIAID
		& foroson	w	07 MAY 29	CRETA
	Si		an authorized representative of a member.	9	82
	of		608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)	AH II: I	RPORATI
	E	Ernesto Diaz MD		9	SHO!

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)

Page 2 of 2

Typed or printed name of signee