LD 7000066766

Office Use Only



600102109816

06/26/07--01028--008 **155.00

ALLAHASSE FIORMA

E CHINED

O7 JUN 26 PM 1: 03
SECRETARY OF STATE

LAZARUS CORPORATE FILING SERVICE

2200 CM OTH AVENUE	,
3320 SW 87 TH AVENUE	
MIAMI, FL 33165 (305) 552-5973	70° 01 • 1
·	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
1.0	LC Est is
(Corporation Name) (I	Document #)
2	
(Corporation Name) (I	Document #)
3. (Corporation Name) (I	Document #)
(Corporation Name)	· ·
4.	·
(Corporation Name) (I	Document #)
Walk in Pick up time 206	Certified Copy
Mail out Will wait Photos	copy Certificate of Status
NEW FILINGS AMEND	MENTS
	ndment
Not for Profit Resi	gnation of R.A., Officer/Director
	nge of Registered Agent
Domestication Diss	olution/Withdrawal
— Strot	المارية
OTHER FILINGS REGIST	RATION/QUALIFICATION
Annual Report	ign
☐ Fictitious Name ☐ Limi	ted Partnership
the state of the s	statement emark
Othe	
, '	
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
OLT INVESTMENTS LLC	n
(Must end with the words "Limited Linbility 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:	-
P. A.	
Principal Office Address: Mailing Address:	
14733 SW 85 TEER SAME	
MIHMI , FLORIDA	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility 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:	
REINALDO RODRIGIUE Z	
14733 SW 85 TOPR. Florida street address (P.O. Box NOT acceptable)	
MIAMI, Floring PL 33192 City, State, and Zip	
Having bound in the state of th	

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

<mark>l'itle:</mark> 'MGR" = Manager 'MGRM" = Managi	Name and Address:
MANAGER MANAGER	REINALDO PODEIGUEZ 2289 CAMINITO PASADA #
MANAGER.	IRENE FLORES RODE, GUEZA 22 89 CAMINTO PASADA #10 SAN DIESO, CAT 92107
*, *	
	necessary)
(Use attachment if a LE V: Effective date is listed days after the date	te, if other than the date of filing: (OPTION d., the date must be specific and cannot be more than five business de of filing.)
(Use attachment if a LE V: Effective date is listed days after the date REQUIRED SIGN	te, if other than the date of filing: d, the date must be specific and cannot be more than five business de of filing.) NATURE:
(Use attachment if a LE V: Effective date is lister days after the date REQUIRED SIGN	te, if other than the date of filing: (OPTION d., the date must be specific and cannot be more than five business de of filing.) NATURE:

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