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TALLAHASSEE, FLORIDA

EFFECTIVE DATE

9-28-07

607-100194
AR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2007

LUZ RAMOS
1236 FOREST CIRCLE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: OCHUN COUNSELORS, LLC
Ref. Number: W07000046929

We have received your document for OCHUN COUNSELORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 20, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 007A00055691

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STATE
SECRET
FLORIDA

007A00055691

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ochun Counselors, 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:

Luz M. Ramos
(Name of Person)

(Firm/Company)

1236 Forest Circle
(Address)

Altamonte Springs, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Luz M. Ramos at (407) 862-7558
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CORPORATIONS
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ochun Counselors, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1236 Forest Circle
Altamonte Springs, FL
32714

1236 Forest Circle
Altamonte Springs, FL
32714

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:

Luz M. Ramos

Name

1236 Forest Circle

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32714

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.

Luz Mario Ramos

Registered Agent's Signature (REQUIRED)

OFFICE OF
STATE
SECRETARY
FLORIDA

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(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

9-28-07

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" = Managing Member

Name and Address:

MGR

Simon Ramos
1236 Forest Circle
Altamonte Springs, Fl. 32714

MGRM

Miriam Lassus
817 Ravens Circle #201
Altamonte Springs, Fl. 32714

MGRM


Milton Lassus
3158 Windchime Circle S.
Apopka, Fl. 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/28/2007 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Simon Ramos
Typed or printed name of signer

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)

2007 OCT -1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA