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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EÁST PARK AVENUE TALLAHÁSSEÉ, FL 32301 222-1173

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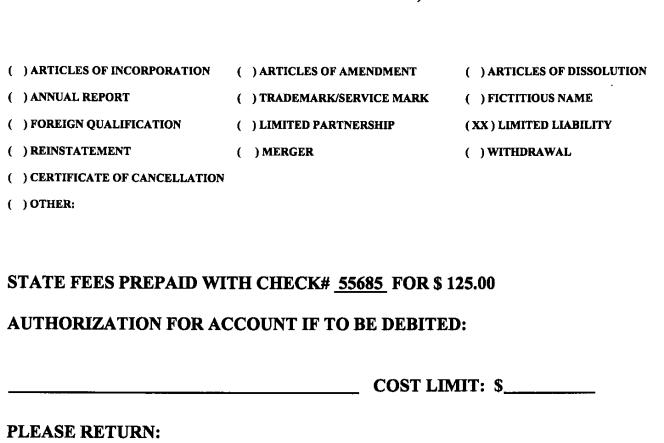
CONTACT: KATIE WONSCH

DATE: 10/08/07

REF. #: 001260.75791

CORP. NAME: OSVALDO DAMIAN GONZALEZ, LLC

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING



(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	:
OSVALDO DAMIAN GONZALEZ, LLC	
ARTICLE II - Address:	The state of the s
	principal office of the Limited Liability Company is:
Principal Office Address:	principal office of the Limited Liability Company is: Mailing Address:
6806 N CAMERON AVE	6806 N CAMERON AVE
TAMPA, FL 33614	TAMPA, FL 33614
* * * *********************************	
The name and the Florida street address of the	
OSVALDO DAMIAN GO	DNZALEZ
Name 6806 N CAMERON AVE	
	
Florida street address (P	P.O. Box NOT acceptable)
TAMPA, FL 33614	
City, State, a	and Zip
	scept service of process for the above stated limited liability te, I hereby accept the appointment as registered agent and
ree to act in this capacity. I further agree to con	mply with the provisions of all statutes relating to the prope
	fimiliar with and accept the obligations of my position as
registered agent as provided	or in Chapter 608, Florida Statutes
\bigvee	
Registered	Kgent's Signature
· · · · · · · · · · · · · · · · · · ·	

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	OSVALDO DAMIAN GONZALEZ
MGRM	6806 N CAMERON AVE
	TAMPA, FL 33614
	4 0
	· · · · · · · · · · · · · · · · · · ·

(Use attachment if necessary)	
NOTE: An additional article must b	pe added if an effective date is requested.
REQUIRED SIGNATURE:	
	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.)

OSVALDO DAMIAN GONZALEZ

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)