# 1000103883

(Requestor's Name)
(Address)
(Address)
(,
(0) 10) 17: 17:
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Buomoso Emily Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
10-
·

Office Use Only



200110465602

10/11/07--01026--028 \*\*130.00

Répet.

07 OCT 11 PH 2: 01

## **COVER LETTER**

TO:	Registration Division of C				
CHDI	<sub>ECT:</sub> Optim	al Biofuel One, LL	С		
зова	ECI;	(Name of Limit		ability Comp	any)
The e	nclosed Articles	of Organization and fee(s) are	subm	itted for filin	g.
		pondence concerning this mat			
		n Malleghem		•	
	Dawn var	Tividilegileiti	(Nam	e of Person)	
-	- Optimal E	Enterprises, LLC			
			(Firm	/Company)	
	3956 Tow	n Center Blvd #34	1		
			( <i>A</i>	Address)	
	Orlando,	<del> </del>	(0)	12: 0.1	
		(Cit	ty/Stat	e and Zip Code	<del>=</del> )
For fu	rther information	concerning this matter, pleas	e call:		
Dav	vn Van Ma	lleghem	at (	407	855-3234 le & Daytime Telephone Number)
	(Nam	e of Person)	···· (	(Area Cod	e & Daytime Telephone Number)
Enclo	sed is a check f	or the following amount:			
<b>□</b> \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(	155.00 Filir Certified Co additional cop	py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Optimal Biofuel One, LLC  (Must end with the words "Limited Liak	bility 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:	
14203 Hogan Drive Orlando, FL 32837	3956 Town Center Blvd #341 Orlando, FL 32837	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	sistered Agent. You must designate an individual or another	3
Optimal Enterprises		うつつている
14203 Hogan Drive Florida street a Orlando, FL 32837 City, State	ddress (P.O. Box NOT acceptable)	3 ; 3 ;
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	

(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:

MGRM	Dawn Van Malleghem 3956 Town Center Blvd #341
	Orlando, FL 32837
MGR	Erminio Van Malleghem
	3956 Town Center Blvd #341
	Orlando, FL 32837
// Las attack	
(Use attachment if necessary)	
	he date of filing: 10/03/07 (OPTION
tective date is listed, the date must	be specific and cannot be more than five business d

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.)

# Dawn Van Malleghem

Typed or printed name of signee

#### 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)