

L07000119942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

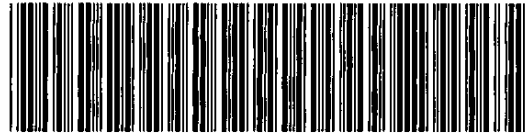
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900110485519

10/12/07--01022--015 \*\*125.00

Reject  
P.O. Box

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
07 NOV 30 AM 11:45

SBM  
12/3



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2007

BONUS LAW FIRM  
1115 EAST CONCORD STREET  
ORLANDO, FL 32803

SUBJECT: OZ ASSOCIATES, LLC  
Ref. Number: W07000051057

We have received your document for OZ ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 507A00060531

**BONUS LAW FIRM**

1115 East Concord Street  
Orlando, Florida 32803

Telephone No.: 407-835-8811  
Facsimile No.: 407-835-8868

Philip F. Bonus, Esquire  
Rhonda A. Marret, Paralegal

Susanne D. McCabe, Esquire  
*Of Counsel*

Writer's Email: philbonus@bonuslawfirm.com

October 10, 2007

Registration Section  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32399


RE: OZ ASSOCIATES, LLC

Dear Sir or Madam:

Please find enclosed the original and one (1) copy of the Articles of Organization for 'Oz Associates, LLC'. Also enclosed is firm's check #1206 in the amount of \$125.00 which represents payment of the filing fee and registered agent fee for the Articles of Organization.

Should you have any questions regarding this request, please do not hesitate to contact my office. Thanking you in advance for your cooperation regarding this request.

Very truly yours,



Philip F. Bonus

PFB/ram  
Enclosures

cc: Oz Associates, LLC

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company ("Company") is:

**OZ ASSOCIATES, LLC**

**ARTICLE II – Address:**

**Principal Office Address:**

8700 Ridgewood Avenue, Unit 301A  
Cape Canaveral, Florida 32920

**Mailing Address:**

Post Office Box 974  
Cape Canaveral, Florida 32920

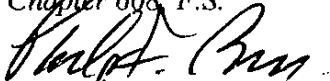
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent is:

Philip F. Bonus, Esquire  
Bonus Law Firm  
1115 E. Concord Street  
Orlando, Florida 32803

*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.*



**PHILIP F. BONUS, ESQUIRE**  
**Registered Agent**

**ARTICLE IV – Manager(s) or Managing Member(s):**

This is a Manager Managed Company. The Company is authorized to have more than one Member, and/or more than one Manager, but all Managers must be Members. The name and address of the initial Members, and the name and address of the initial Manager are as follows.

**Section A:**

**Name and Address of Initial Members:**

Halim Ozkaptan  
Post Office Box 974  
Cape Canaveral, Florida 32920  
Member



**HALIM OZKAPTAN**  
**Member**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 30 AM 11:45

Elinor Ozkaptan  
Post Office Box 974  
Cape Canaveral, Florida 32920  
Member

  
\_\_\_\_\_  
ELINOR OZKAPTAN  
Member

**Section B:**

**Name and Address of Initial Manager:**

Halim Ozkaptan  
Post Office Box 974  
Cape Canaveral, Florida 32920  
Member

  
\_\_\_\_\_  
HALIM OZKAPTAN  
Manager

(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.)