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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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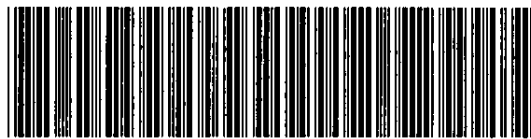
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1-1-08

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12/6

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Otamagail Ltd, Co.
(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:

Brian L Gomez

(Name of Person)

(Firm/Company)

13876 SW 56th Street, Suite 102

(Address)

Miami, Florida 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian L Gomez

(Name of Person)

at (**305**) **225-7381**

(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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Otamagali Ltd. Co.

(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:

13876 SW 56th Street

Suite # 102

Miami, Florida 33175

Mailing Address:

13875 SW 56th Street

Suite # 102

Miami, Florida 33175

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:

Lilia Gomez

Name

18867 SW 84 Ave, Bldg 9, Apt. 8

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

Miami, Florida 33157-7374

City, State, and Zip

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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.

Lilia Gomez

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 1-01-08

(CONTINUED)

Page 1 of 2

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

Name and Address:

Miami, Florida 33184

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