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SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD

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**EXAMINER** 

## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	CT: OUACD, L.L.C. (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
-	Christopher L. Antie
-	C.W. Entertainment
-	9400 Pinewood Drive NE #103
-	Palm Bay, FL 32905 (Gity State and Zip Code)
For furt	her information concerning this matter, please call:
	Wristopher L. Antie at (321) 442-8042 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
<b>∑</b> \$125.0	00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
OUACD, L.L. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9400 Pinewood Drive NE #103 Palm Bay, FL 32905	9400 Pinewood Drive NE #103 Palm Bay, FL 32905
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
9400 Pinewood Florida street addr	gistered agent are:  tertainment  Drive NE #103  ess (P.O. Box NOT acceptable)  FL 32905  ad Zip  SECRETARY OF STATE  ON OF CONFORATION  ON OT STATE  ON OT STATE
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

Registered Apent's Signature (RECHIRED)

(CONTINUED)
Page 1 of 2

## **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 "MGRM" = Managing Mem	Name and Address:
_MGR_	Christopher L. Antie 9400 Pinewood Drive NE # 103 Palm Bay, FL 32965
MGRM	William Ramos, Jr.  9400 Pineword Drive NE #109  Palm Bay, FL 32905
(Use attachment if necessary	
n effective date is listed, the date 90 days after the date of filing.  REQUIRED SIGNATURE	
	f a member or an authorized representative of a member.
(In accordan	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
Christ	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)