

L08000082226

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08/28/08--01003--016 **155.00

RECEIVED
08 AUG 28 AM 10:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/22/08

B. KOHR

AUG 28 2008

EXAMINER

FILED
08 AUG 28 PM 2:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LAZARUS

CORPORATE FILING SERVICE

EFFECTIVE DATE

8/22/08

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
08 AUG 28 PM 2:45
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ORACLE MANAGEMENT SYSTEMS,
(Corporation Name) (Document #)

2. LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2:00
☐ Will wait

☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

FROM

FAX NO.

Feb. 14, 2007 04:26PM P1

EFFECTIVE DATE 8/22/08

FILED
08 AUG 28 PM 2:45
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORACLE MANAGEMENT SYSTEMS, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12515 SW 88th ST
STE # 304
MIAMI FL 33186

Mailing Address:

- SAME -

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:

JOSE TELGOSO
Name

12515 SW 88th ST STE # 304
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33186
City, State, and Zip

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.

Jose Telgoso
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FROM:

FAX NO.

Feb. 14, 2007 04:27PM P2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSE TRIGOSO
12515 SW 88TH ST STE # 304 - 50%
MIAMI FL. 33186

MGRM

YOHANKA VEGA
12515 SW 88TH ST STE # 304 - 50%
MIAMI FL. 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Aug. 22, 2008 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

JOSE TRIGOSO
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.)

JOSE TRIGOSO
Typed or printed name of signer

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)