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Office Use Only



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Effective Date 01/02/09

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 1 2 2009

EXAMINER

COVER LETTER

то:	Registration Division of C	Section 7 Corporations		
SUBJE	ст:	x celecated Le (Name of Limite	OCONOG, L.L.C.	
The encl	losed Articles	of Organization and fee(s) are	submitted for filing.	
Please re	eturn all corre	spondence concerning this matt	er to the following:	
_		Jessie Fer	nandez (Name of Person)	
_			(Firm/Company)	
_		700% S.O. 22	ST (Address)	
	۲	liami, FL 3:	3 5 5 y/State and Zip Code)	
For furth	er informatio	n concerning this matter, please	call:	
<u> </u>	soie Fe	coandez ne of Person)	at (305) 202-00 (Area Code & Daytime Tele	phone Number)
Enclose	d is a check	for the following amount:		
□ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	ircle

Effective Date 01/02/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	iny is:		
Excelerated Lear (Must end with the words "Limite	ed 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:	Mailing Address:		
3526 5.W. TO AVE #135	Joos su ast		
Miami, FL, 33155	Miami, FL, 33155		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: Name 225 Name 1		
	State, and Zip		
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of al lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		
Registered Agent's	DIVISION OF CO. Signature (REQUIRED) SECRETARY OF CO.		

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jessoie Fernandez 7008. S. W. 22 St Miani, Fl. 33155
	
	
	•
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
REQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
Typed o	r 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)

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