

From: PYLE & DELLINGER

01/16/2009 07:18

#707 P.001/003

Division of Corporations

L090000005344

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H090000110953)))



H090000110953ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

FILED
09 JAN 16 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

09 JAN 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OC Designs, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: PYLE & DELLINGER

01/16/2009 08:28 #707 P.002/003

FILED

09 JAN 16 5 AM '09
((H09000011095 AM)) 22

**ARTICLES OF ORGANIZATION
OF
OC Designs, LLC**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **OC Designs, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **145 White Fawn Dr., Daytona Beach, FL 32114**.

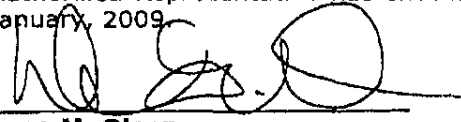
**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **Donna M. Olson** and Florida street address of the registered agent is **145 White Fawn Dr., Daytona Beach, FL 32114**.

**ARTICLE IV
MANAGEMENT**

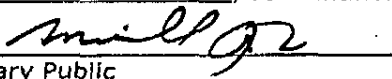
The Company is managed by a Manager. The person initially appointed as Manager is **Donna M. Olson**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 16 day of January, 2009.


Donna M. Olson

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing Instrument was acknowledged before me this 16 day of January, 2009, by **Donna M. Olson** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____ as identification.


Notary Public
Michael A. Pyle
(Printed Name)
My Commission Expires _____



(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

((H09000011095 3)))

((H09000011095 3)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



Donna M. Olson, Registered Agent

FILED
09 JAN 16 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

((H09000011095 3)))