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SECRETARY OF STATE

T. CLINE

JUL 2 1 2009

EXAMINER

COVER LETTER

		OGR, LLC		
Name of Limited Liability Company				
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
	F	Ronald Baksa		
		Name of Person		
		OGR, LLC		
		Firm/Company		
	235 Apollo E	Beach Blvd., Suite #121		
		Address	200 1741 1741	
		Beach, FL 33572	1 2 2 E	
		y/State and Zip Code	TAIR HASS	
	E-mail address: (to be used to	ksa@gmail.com for future annual report notification)	HO P	
For further informat	ion concerning this matter, please	•	2009 JUL 20 PM 1: 1 SEGRETARY OF STATI TALLAMASSEE, FLORI	
R	onald Baksa		299-5224	
Na	ame of Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fe	ce \$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 Corporation Clifton Building 2661 Executive Center	is	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OGF	R, LLC
(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:	Mailing Address:
235 Apollo Beach Blvd., Suite 121 Apollo Beach, FL 33572	235 Apollo Beach Blvd., Suite 121 Apollo Beach, FL 33572
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or aboutier
The name and the Florida street address of	the registered agent are: SSEE FLOOP Name Name STATI
Ronald Baksa	
Name RATE	
235 Apollo Beach Blvd., Suite 121	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Apollo Beach, FL 3	3572 Ft.

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..

Registered Agent's Signature (REQUIRED)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Ronald Baksa 5419 Merritt Island Drive Apollo Beach, FL 33572 MGRM Donn Hutson 5622 Skimmer Drive Apollo Beach, FL 33572 MGRM Kent Beavers 2010 Front Street Valrico, FL 33594

ARTICLE V: Effective date, if other than the date of filing:

(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:

(Use attachment if necessary)

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.)

Ronald Baksa

Typed or 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)