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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



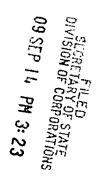
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B. KOHR SEP 1 4 2009

EXAMINER



COVER LETTER

TO:

Registration Section
Division of Corporations

OMAR RIVERA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RON BENFIELD Name of Person Firm/Company **58 SIOUX CIRCLE** Address HAVANA, FL 32333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RON BENFIELD Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee &} \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: OMAR RIVERA 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:** 2215 W JEFFERSON ST #8 2215 W JEFFERSON ST #8 QUINCY, FL 32351 QUINCY, FL 32351 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: RON BENFIELD Name **58 SIOUX CIRCLE** Florida street address (P.O. Box NOT acceptable) HAVANA, FL 32333 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

(CONTINUED)

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..

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 Me | Name and Address: |
|--|---|
| MGRM | OMAR RIVERA 2215 W JEFFERSON ST #8 QUINCY, FL 32351 |
| MGRM | MOISES GONSALEZ 2215 W JEFFERSON ST #8 QUINCY, FL 32351 |
| MGRM | LUIS A HERNANDEZ 2215 W. JEFFERSON ST. #8 QUINCY, FL 32351 |
| (Use attachment if necessar | ry) er than the date of filing: (OPTIONAL |
| effective date is listed, the da 90 days after the date of filing | ate must be specific and cannot be more than five business days g.) |
| REQUIRED SIGNATUR | ie: Ru Bfly |
| (In accordate of this doc | of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury cts stated herein are true.) |
| | RON BENFIELD |
| | 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)