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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : RACHEL SIU  
Account Number : I20010000073  
Phone : (407) 679-2433  
Fax Number : (407) 671-4352

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FLORIDA LIMITED LIABILITY CO.  
Osaka of Anburndale, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

A. LUNT

APR 22 2010

EXAMINER

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Osaka of Auburndale LLC**  
 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:

Rachel Siu

Name of Person

Siu & Zanowick, CPAs

Firm/Company

5100 Old Howell Branch Road

Address

Winter Park, FL 32792

City/State and Zip Code

RachelCPA@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Siu

at ( 407 )

679-2433

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    
 ☐ \$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 Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

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emailed 4/21/10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Osaka of Auburndale, 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:**2221 Wandering Oak TerraceKissimmee, FL 34748**Mailing Address:**2221 Wandering Oak TerraceKissimmee, FL 34748**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:

Mustang Nguyen

Name

2221 Wandering Oak TerraceFlorida street address (P.O. Box NOT acceptable)Kissimmee, FLFL 34748

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 603, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Mustang Nguyen

2221 Wandering Oak Terrace

Kissimmee, FL 34746

MGR

Nancy Nguyen

2221 Wandering Oak Terrace

Kissimmee, FL 34746

MGRM

Victor Nguyen

2221 Wandering Oak Terrace

Kissimmee, FL 34746

MGRM

Newton Nguyen

2221 Wandering Oak Terrace

Kissimmee, FL 34746

John Nguyen

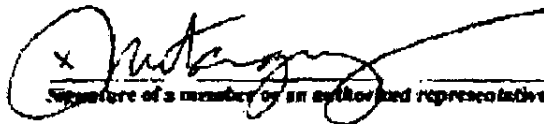
2221 Wandering Oak Terrace

Kissimmee, FL 34746

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**


Signature of a member or an authorized representative of a member.

(In accordance with section 605.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mustang Nguyen

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)

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PALM BEACH COUNTY, FLORIDA