

L10000079823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

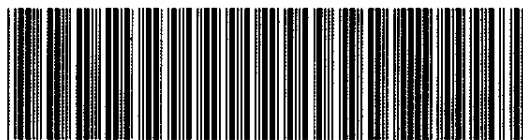
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/26/10--01009--022 \*\*125.00

Effective Date 07/25/10

FILED  
10 JUL 29 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WI-35067

J. BRYAN

JUL 30 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2010

OSCAR R. ORTEGA  
13931 SW 122 AVE SUITE 102  
MIAMI, FL 33186

SUBJECT: OSLE SERVICES LLC  
Ref. Number: W10000035067

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10 JUL 29 PM 5:18  
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TALLAHASSEE, FLORIDA

We have received your document for OSLE SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't use what you sent in for filing,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 510A00018097

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oslé Services 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:

Oscar R. Ortega  
Name of Person

[Signature]  
Firm/Company

13931 SW 122 Ave Suite 102  
Address

Miami, FL 33186  
City/State and Zip Code

Oslé services @ gmail . com  
E-mail address: (to be used for future annual report notification)

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10 JUL 29 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Oscar R. Ortega at ( 407 ) 272 43 48  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oste Services 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:**

13931 Sw 122 Ave  
Suite 102  
Miami, FL 33186

**Mailing Address:**

13931 Sw 122 Ave  
Suite 102  
Miami, FL 33186

**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:

Effective Date 07/25/10

Oscar R. Ortega

Name

13931 Sw 122 Ave, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33186

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 608, F.S..*

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

Maria Leticia Castillo-Ortega  
13931 SW 122 Ave  
Miami, FL 33186

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/25/2010 (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]  
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.)

Oscar R. Ortega

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)**