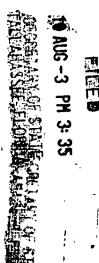
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)	·
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	



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S. HAWKES AUG 4 - 2010

EXAMINER

S. HAWKES

JUL & 7/2000

EXAMINED

W10-35149



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2010

MURRAY J GOBELI 2246 SW 164 AVE MIRAMAR, FL 33027

SUBJECT: ORACLE MANAGEMENT, LLC

Ref. Number: W10000035149

We have received your document for ORACLE MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 810A00018161

COVER LETTER

TO:	Registration S Division of Co					
SUBJ	ECT: Oracle	Management Group, LL Name of Limit		ompany		
			, -			
The er	nclosed Articles of	of Organization and fee(s) are	submitted for	filing.		
Please	return all corresp	nondence concerning this mat	ter to the follo	wing:		
	Murray J. Go	beli				
			Name of Perso	n		
	_		Firm/Compan	у		
	2246 SW 164	Ave				
			Address		,	
	Miramar, Flor	ida 33027				
	iviliamar, r ioi		y/State and Zip	Code		
	mgobeli@ora					
		E-mail address: (to be used to	for future annua	l report notificatio	n)	
For fu	rther information	concerning this matter, please	e call:			
Murra	ay J. Gobeli		at (954	1661-400	07	
		of Person		Code & Daytime		hone Number
Enclo	sed is a check for	or the following amount:				
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy I 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	Regi Divi Clift 2661	et/Courier Addr stration Section sion of Corporat on Building Executive Cent thassee, FL 3230	ions er Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oracle Management Group, 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:	
2246 SW 164 Ave	2246 SW 164 Ave	
Miramar, Florida 33027	Miramar, Florida 33027	

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:

Murray J.	Gobeli
	Name
2246 SW	164 Ave
	Florida street address (P.O. Box NOT acceptable)
Miramar	FL 33027
	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..

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
WORW — Wanaging Wember	
MGRM	Murray J. Gobeli
	2246 SW 164 Ave
	Miramar, Florida 33027
	· •
(Use attachment if negacions)	
(Use attachment if necessary)	
"LEV. Effective date, if other than the	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days p
0 days after the date of filing.)	e specific and cannot be more than five business days p
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REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
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Www.	er of an authorized representative of a member.
Signature of a member	(7-1
Signature of a member (In accordance with see of this document const	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury
Signature of a member	ction 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury

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)