

L10000095349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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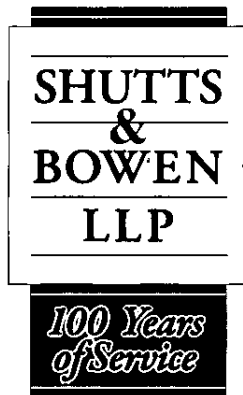
09/10/10--01014--023 **160.00

2010 SEP 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
SEP 13 2010
EXAMINER

LOUIS NOSTRO
DIRECT LINE (305) 379-9164
FLORIDA BAR BOARD CERTIFIED
IN THE AREAS OF TAXATION
WILLS, TRUSTS & ESTATES



EMAIL ADDRESS:
LNOSTRO@SHUTTS-LAW.COM

September 8, 2010

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Oliver's Fund, LLC

Gentlemen:

I enclose for filing the Articles of Organization for **Oliver's Fund, LLC**, along with a check for \$160.00 (to cover the filing fee, certified copy and certificate of status). A return envelope is enclosed for your convenience.

Please contact me if you have any questions. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Nostro", is written over the typed name.

Louis Nostro

LN/sxp
Enclosure

MIADOCS 4649285 1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oliver's Fund, 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:

Louis Nostro

Name of Person

Shutts & Bowen, LLP

Firm/Company

201 S. Biscayne Blvd., Suite 1600

Address

Miami, FL 33131

City/State and Zip Code

LNostro@shutts.com

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

For further information concerning this matter, please call:

Jennifer Jones

Name of Person

at (305)

347-7348

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:

Oliver's Fund, 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:

201 S. Biscayne Blvd., Suite 1600 (LN)

Miami, FL 33131

Mailing Address:

201 S. Biscayne Blvd., Suite 1600 (LN)

Miami, FL 33131

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:

Louis Nostro, Esq.

Name

201 S. Biscayne Blvd., Suite 1600 (LN)

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

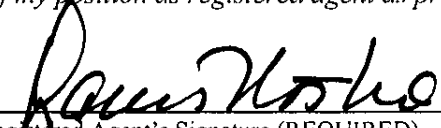
Miami, FL 33131

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Mary M. Spencer

251 Crandon Boulevard, #164

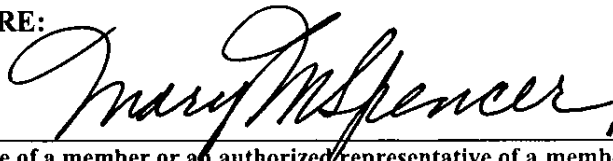
Key Biscayne, FL 33149

(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:

 trustee of the
Mary M. Spencer
Declaration of
Trust

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.)

Mary M. Spencer, trustee

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)