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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2011

ANDREW O' CONNOR 1157 SW 5TH STREET #7 MIAMI, FL 33130

SUBJECT: OCORP LLC Ref. Number: W11000004981

We have received your document for OCORP 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

No document was enclosed.

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) 245-6067.

Neysa Culligan

Regulatory Specialist II

Letter Number: 411A00002243

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	OCORP Name of Limited	Holding LL Liability Company	<u>C</u>
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
LISA 1	KIRCH MAYR		
C/0 7	KIRCHMAYR FNDREW O'C	nme of Person	
_	F	irm/Company	
_101	ZOR ST	#32.04	
НІАНІ В	EACH FL 33	3 /3 C State and Zip Code	
- AND)	E-mail address: (to be used for	future aprilial report notification)	00m
For further information	concerning this matter, please o	eali:	
LISA KIRC	CHMAYR	at (305) 491- Area Code & Daysimo Telep	3767 shone Number
Enclosed is a check t	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	Street/Conrier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
OCORP HOLDING 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:		
101 20 K ST #3204 101 20 K ST #3204 HUAHI WINCH, FL 33139 YIGHI ZERCH, FL 33139		
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:		
DR. HNDREW O'CONNOR HBA		
101 20 P ST # 3204 Florida street address (P.O. Box NOT acceptable)		
•		
HIPHI BEACH FL 33/39 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 (REOUIRED)		
Merinares lient a dictimina franchi		

(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 "MGRM" = Managing Member	Name and Address:
_HGR	DR. ANDREW O'CONNOR H 101 20th ST # 3204 YIAMI BEACH, FL 33139
· · · · · · · · · · · · · · · · · · ·	
(The small and if a small a	
(Use attachment if necessary)	- data of filing
n effective date is listed, it other than the n effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days p
	4

REQUIRED 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.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)

Page 2 of 2