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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

10:	Division of Corporations	
SUBJE	CT: OSSi Homes LLC  Name of Limited Liability Company	*********
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
-	Jack Dissi	· · · · · · · · · · · · · · · · · · ·
-	F: (C	666
	9803 DIA ST Abyus tiz	e Rd Suite 1
	Jacksonville FL 3225	7
_	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	ment, com
For furt	her information concerning this matter, please call:	
	Name of Person at (904) 6(0)  Area Code & Daytime Tele	- 3/95—
Enclos	ed is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center of Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR FLORIDA ENVITED EIADIETT COMPANI
ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
1803 old St. Augustine Rd. suite 9803 old. ST. Augustine Rd Su: Jacksonville, FL 32257 Jacksonville, FL 32257
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:  Jack Oss.  Name
Florida street address (P.O. Box NOT acceptable)  Jackson: lle FL  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)
Page 1 of 2

ARTICLE IV- Manager(s) or Manager (s) or Manager (s	Anaging Member(s):         anager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jack Oss. Ir 9803 Old ST. Avyvitine Rd.
MGRM	Ben Ossi Ir 9803 Old ST. Abyustia RD. Jacksonville, FL 32257
<del></del>	
(Use attachment if necessary)  CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pri
90 days after the date of filing.)	st be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	Jule Co-
Signature of a me	mber or an authorized representative of a member.
(In accordance with section constitutes an affirmation u	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
	Typed or printed name of signee

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)

Filing Fees: