

From:

Division of Corporations

06/30/2011 1:57

#156 P. 01/003

Page 1 of 1

L11000076437

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000172123 3)))



H110001721233ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

JUL -1 2011

To:

Division of Corporations
Fax Number : (850) 617-6383

EXAMINER

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : T20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
O&P Connect, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

11 JUN 30 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 30 AM 10:25

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

From:

06/30/2011 15:57

#136 P.002/003

((H11000172123 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O&P Connect, 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:

c/o Marita Carozza Schuelle
19203 Cinnamon Ridge Way
Tampa FL 33647

Mailing Address:

c/o Marita Carozza Schuelle
19203 Cinnamon Ridge Way
Tampa FL 33647

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:

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

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

Tallahassee FL 32301

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.

Ann Marie Cummins

Registered Agent's Signature (REQUIRED)

ANN MARIE CUMMINS, RES. SECY.

(CONTINUED)

Page 1 of 2

((H11000172123 3)))

FILED
11 JUN 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

06/30/2011 15:58

#136 P.003/003

((H11000172123 3)))

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:

<u>MGR</u>	<u>Marita Carozza Schuelle</u>
	<u>19203 Cinnamon Ridge Way</u>
	<u>Tampa FL 33647</u>

(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:

/s/ Marita Carozza Schuelle

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.)

Marita Carozza Schuelle

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)

((H11000172123 3)))