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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	***************************************
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Effective Date 3-13-12

2012 HAR I 4 PM I: 42

J. SAULSBERRY EXAMINER

MAR 16 2012

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: OFT (Options, LLC			
	Name of Limit	ed Liability Company	•	-
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Robert P	. Halgrim, Jr.			
		Name of Person		
OFT Opti	ons, LLC			
· .		Firm/Company	TALL	2012 HAR
2080 Mc0	Gregor Blvd. #200			A
		Address	SSE	F
Fort Myers	Florida 33901		. <u>m</u> .	<u> </u>
bob@oldfltit	le.com	y/State and Zip Code		PM 1: 42
	E-mail address: (to be used to	or future annual report notification)		
For further information	concerning this matter, please	e call:		
Robert P. Halgrir		at (239) 334-6558		_
Name	of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check for	or the following amount:			•
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &
	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 C Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company W. I. C. Par W. I. C. P.	
ncipal office of the Limited Liability Com	pany is:
Mailing Address:	
2080 McGregor Blvd. Suite 200	
Fort Myers, Florida 33901	
gistered agent are:	D HAR IL
V4 #200	
	>
e, and Zip	
ecept service of process for the above stated is certificate, I hereby accept the appointme I further agree to comply with the provision formance of my duties, and I am familiar with agent as provided for in Chapter 608,	ent as ens of all ith and
	Mailing Address: 2080 McGregor Blvd. Suite 200 Fort Myers, Florida 33901 Office, & Registered Agent's Signature ed Agent. You must designate an individual of another ed Agent. You must designate an individua

(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		
"MGRM"	Robert P. Halgrim, Jr.	
	610 Travers Avenue	
	Fort Myers, Florida 33919	
"MGRM"	Erik C. Halgrim	
	6811 Hibiscus Lane	
	Fort Myers, Florida 33919	
	•	201 ალაგე
	·	
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		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		
		
(Use attachment if necessary)		, , , , , , , , , , , , , , , , , , , ,
CLE V: Effective date, if other than the	he date of filing: 3/13/2012	. (OPTIONAL
effective date is listed, the date must		
00 days after the date of filing.)	F	
•		
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.)

> Robert P. Halgrim, Jr. 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)