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SECRETARY OF STATE FLORIDA

C. LEWIS

APR - 4 2012

EXAMINER

COVER LETTER

	livision of Corporations		·		
SUBJECT	r. Oak Grove Capi	tal LLC			
SOLUTE	' 	of Limited Liability Comp	pany		
The enclos	sed Articles of Organization and fo	ee(s) are submitted for filing	ng.		
Please retu	irn all correspondence concerning	this matter to the followin	g:		
		Laura Man	n		
		Name of Person			
	C	Cott Law Group	, P.C.		
		Firm/Company			
	4788 Long Island Drive				
	Address				
		Atlanta, GA 303	· · · · · · · · · · · · · · · · · · ·		
	l	City/State and Zip Coo			
		ra@cottlawgroup. be used for future annual rep			
For further	r information concerning this matt	er, please call:			
La	ura Mann	_{at (} 770	847-0805		
	Name of Person		e & Daytime Telephone Number		
Enclosed	is a check for the following am	ount:			
√ \$125.00 Fi	ling Fee\$130.00 Filing F Certificate of S	tatus Certified Co			
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on Registra orations Division Clifton 2314 2661 Ex	Courier Address tion Section n of Corporations Building tecutive Center Circle tissee, FL 32301		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Oak Grove Capital LLC				
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3500 Island Blvd. #402	3500 Island Blvd. #402			
Miami, FL 33160	Miami, FL 33160			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:			
Domingo	o Montero			
Name				
3500 Island Blvd. #402				
Florida street address (P.O. Box NOT acceptable)				
Miami	_{FL} 33160			
Ci	ity, State, and Zip			
	nd to accept service of process for the above stated limited			

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)

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGRM	Domingo Montero 3500 Island Blvd #402 Miami, FL 33160
MODM	
MGRM	Tevfik Atalay
	3500 Island Blvd. #402
	Miami, FL 33160
(Use attachment if necessary)	
	han the date of filing: NA (OPTIONAL) must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
9	
Signature of a	member or an authorized representative of a member.
constitutes an affirmati I am aware that any fal	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
	Domingo Montero
	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)