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D. BRUCE

JUN 0 4 2012

**EXAMINER** 

# **LAZARUS**

CR2E031(7/97)

## **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	· 			
	Off	ice Use Only		
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if kno	own):		
1. OSVI REPAIR (Corporation Name)	SERVICE (Document #)	S LLC		
2. (Corporation Name)	(Document #)	·		
3. (Corporation Name)	(Document #)			
4. (Corporation Name)	(Document #)			
Thek up time	Photocopy	Certified Copy	12 JUN -	
NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  Other	AMENDMENTS  Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent . S	- 1 WH II: 08	L FO
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUA  Foreign Limited Partnership Reinstatement Trademark Other	· · · · · · · · · · · · · · · · · · ·		
		Examiner's Initials		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### **OSVI REPAIR & SERVICES 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:	<b>Mailing Address:</b>	
17580 SW 147Ave	17580 SW 147 Ave	
Miami, FI 33187	Miami, Fl 33187	
17580 SW 14 <sup>-</sup> Florida stre	r Registered Agent. You must designate an indiving the registered agent are:  -GONZALEZ Name	

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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	OSVELIO PEREZ-GONZALEZ
· •	17580 SW 147 Ave Miam i, Fl 33187
	·
<u>(</u> *	
(Use attachment if necessary)	06/01/2012 DEC. =
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must land to or 90 days after the date of filing.)	e date of filing: 06/01/2012 (OPTIONAR)  oe specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	- MII: 0
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 60	8.408(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.)

### **OSVELIO PEREZ-GONZALEZ**

Typed or printed name of signee

Filing Fees: