

FAX AUDIT NO. H120001463253

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H120001463253)))



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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

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

Address: \_\_\_\_\_

RECEIVED  
12 JUN -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
OAK LANE INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Pursuant to  
Conversation  
w/ Nisa  
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Resubmittal of Filing  
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Help w/ a June 4, 2012  
date.

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Corporate Filing Menu

B. KOHR

FAX AUDIT NO. H120001463253

JUN - 7 2012

<https://efile.sunbiz.org/scripts/efilcovr.exe>

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To: 18506176383

EXAMINER

6/4/2012

JUN-06-2012 09:08 From: MICHAEL J. FREEMAN

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**OAK LANE INVESTMENTS LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 153 Sevilla Avenue  
Coral Gables, FL 33134

**Mailing Address:** P.O. Box 140668  
Coral Gables, FL 33114

12 JUN -14 AM 8:59  
RECEIVED  
CLERK OF COURT  
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**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

M.J. E. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

*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  
(Michael J. Freeman, President)

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

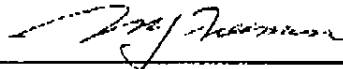
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

Sandra Dufay  
3648 Matheson Avenue  
Coconut Grove, FL 33133

**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.)

Michael J. Freeman, authorized representative

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)