L12000071154

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	//State/Zip/Phone	e #)
(0.1)	, otato Zipri iloni	<i>,</i>
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
,	•	,
(Doc	cument Number)	
,	,	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
JUN O	8 2012	
L. SE	LLERS	

Office Use Only



500235868995

06/07/12--01030--011 **125.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA 12 JUN - 7 PM 5: 1

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: O4S, LLC				
Name of Limited Liability Company				
The enclosed Articles of Organizat	ion and fee(s) are sul	omitted for filing		
Please return all correspondence co	ncerning this matter	to the following:		
<u>Jennie S. Mallo</u>				
	И	ame of Person		
O4S, LLC				
	F	imv/Company		
755 Tiziano Ave	nue			
		Address		
Coral Gables, FL	33143			
		tate and Zip Code		
JSM@malloylaw.co	m			
	ddress: (to be used for	_	rt notification)	
For further information concerning	this matter, please c	all:		
Jennie S. Malloy	·	1 (<u>305</u>	858-8000	
Name of Person		Area Code	& Daytime Tel	ephone Number
Enclosed is a check for the follo	wing amount:			
	Filing Fee & Eate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bos	ion Section of Corporations	Registration Division of Clifton Bu 2661 Exec	of Corporation	as .

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILI	TY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	any is:	
O4S, LLC	·	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liz	ability Company is:
Principal Office Address:	Mailing Address:	
755 Tiziano Avenue Coral Gables, FL 33143	755 Tiziano Avenue Coral Gables, FL 33143	
ARTICLE III - Registered Agent, Reg (The Limited Linbility Company cannot serve as its ov business entity with an active Florida registration.) The name and the Florida street address of	wn Registered Agent. You must designate an individ	
Jennie S. Malloy		
2800 S.W. 3r	d Avenue	
	treet address (P.O. Box <u>NOT</u> acceptable)	
Miami	FL 33129 City, State, and Zip	
registered agent and agree to act in this of statutes relating to the proper and compaccept the obligations of my position of Registered Agent's	ted in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I am as registered agent as provided for in Classical Control of the Signature (REQUIRED)	e appointment as the provisions of all in familiar with and hapter 608, F.S. SECRETARY TALLAHASSE
(CO	NTINUED)	

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM William Carl Drew MGRM Jennie S. Malloy 755 Tiziano Avenue Coral Gables, FL 33134 (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: 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.) Jennie S. Malloy 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)