

L12000080229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

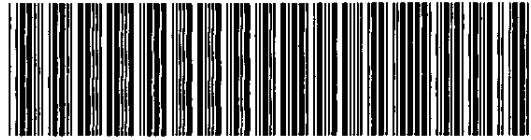
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE
JUN 18 2012
EXAMINER



Law Offices
PHILIP D. NEUER
A PROFESSIONAL CORPORATION

1875 McCarter Highway
Newark, New Jersey 07104-4211

(973) 482-0840
FACSIMILE: (973) 482-0087
WEBSITE: www.neuerlaw.com

Philip D. Neuer "pdn@neuerlaw.com"
Lisa A. Freed "lfreed@neuerlaw.com"

June 12, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: OLA by Douglas Rodriguez, LLC

Dear Sir/Madam:

Enclosed please find the above referenced Articles of Organization for OLA by Douglas Rodriguez, LLC and our check in the amount of \$155.00 as the filing and certified copy fee. Please return the certified copy in the enclosed self addressed stamped envelope. If you should have any questions, please call our office.

Very truly yours,

Lisa A. Freed

Encl.
cc: Mr. Douglas Rodriguez

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLA by Douglas Rodriguez, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip D. Neuer, Esq.
Name of Person

Philip D. Neuer, P.C.
Firm/Company

1875 McCarter Highway
Address

Newark, NJ 07104
City/State and Zip Code

pdn@neuerlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip D. Neuer at (973) 482-0840
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLA by Douglas Rodriguez, 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:

1190 NE 100th Street
Miami Shores, Florida 33138

Mailing Address:

1190 NE 100th Street
Miami Shores, Florida 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Douglas Rodriguez

Name

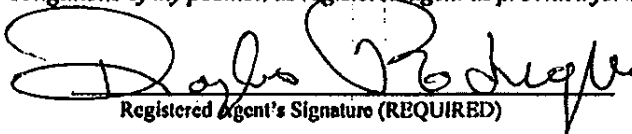
1190 NE 100th Street

Florida street address (P.O. Box **NOT** acceptable)

Miami Shores FL 33138

City, State, and Zip

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

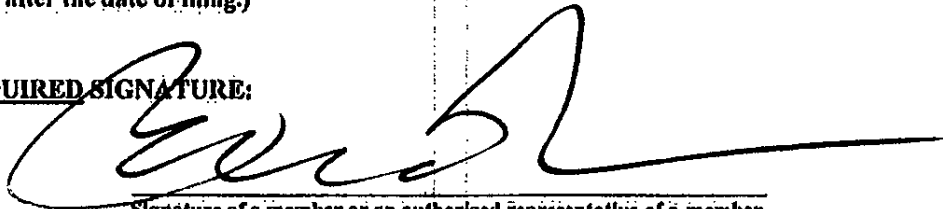
MGR _____

Douglas Rodriguez
1190 NE 100th Street
Miami Shores, Florida 33138

(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, P.S.)

Phillip D. Neuer, Esq., Authorized Representative

Typed or printed name of signer

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)

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