120000 89443

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/02/12--01011--001 **125.00

Effective Date 7/10/12

JUL 10 2012

COVER LETTER

TO		on Section Corporations			
SUI	SJECT: OC	& OG, LLC			
Name of Limited Liability Company					
The	enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Plea	se return all con	respondence concerning this mat	ter to the following:		
	Yoland	a Alvarez			
			Name of Person		
	OC & C	OG, LLC			
	Firm/Company				
	16341	S.W. 56 Terrace			
			Address		
	Miami, F	L 33185			
	· · · · · · · · · · · · · · · · · · ·	Ci	ty/State and Zip Code		
	corvoy@	bellsouth.net			
		·	for future annual report notification)		
For	further informat	ion concerning this matter, pleas	e call:		
Yolanda Alvarez			at (786) 897-8624		
Name of Person		Area Code & Daytime Tele	phone Number		
Enc	closed is a chec	k 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 C Tallahassee, FL 32301		

RECEIVED

12 JUL -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

YOLANDA ALVAREZ 16341 SW 56 TERRACE MIAMI, FL 33185

SUBJECT: OC & OG, LLC Ref. Number: W12000035674

We have received your document for OC & OG, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 5, 2012. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00018096

Effective Date 7/10/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name:				
The name of the Limited Liability Compa	any is:			
OC & OG, LLC				
(Must end with the words "Limite	ed 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:	Mailing Address:			
16341 S.W. 53 Terrace	16341 S.W. 53 Terrace			
Miami, FL. 33185	Miami, FL 33185			
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another			
The name and the Florida street address of	of the registered agent are:			

Yolanda Alvarez Name 16341 S.W. 53 Terrace Florida street address (P.O. Box NOT acceptable) _{FL} 33185 Miami

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..

City, State, and Zip

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	Yolanda Alvarez
	16341 S.W. 53 Terrace Miami, FL 33185
	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/22/12- 7/10/19 (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.)

Yolanda Alvarez

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS