

From: Andrew

Fax: +1 (407) 288-6561 * 113

To: DIV OF CORPORATIONS Fax: +1 (850) 617-6383

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

Effective Date 7-25-12

From:

Account Name : A.A.ALI, CPA

Account Number : 120000000192

Phone : (407) 298-3900

Fax Number : (407) 298-0660

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
OAKRIDGE GARDENS LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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J. SAULSBERRY
EXAMINER
JUL 26 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OAKRIDGE GARDENS 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:

**5090 PARKRIDGE CT
OVIEDO, FL 32765**

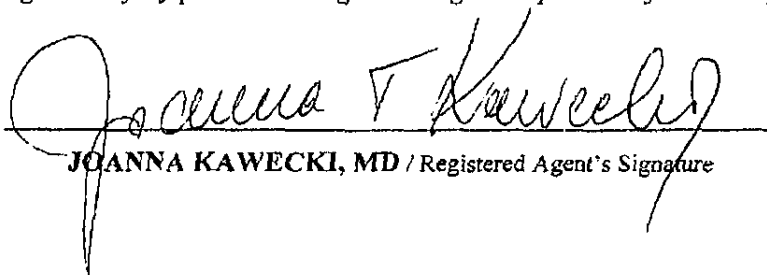
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**JOANNA KAWECKI, MD
5090 PARKRIDGE CT
OVIEDO, FL 32765**

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..


JOANNA KAWECKI, MD / Registered Agent's Signature

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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:

"MGR" = Manager

"MGRM" = Managing Member

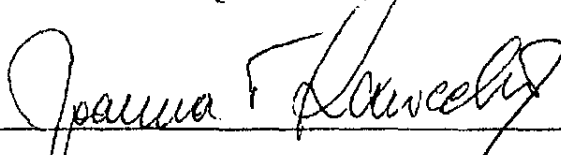
JOANNA KAWECKI, MD, MGRM
5090 PARKRIDGE CT
OVIEDO, FL 32765

ANDREW KAWECKI, MGRM
5090 PARKRIDGE CT
OVIEDO, FL 32765

ARTICLE V: Effective date, if other than the date of filing: 25TH July, 2012

(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.)

JOANNA KAWECKI, MD

Typed or printed name of signer

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