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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	
	AUG 3 0 2012	
	S. TONER	

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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT:	Over Ge	ar LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this matt		
	Junnie Chun	A	
	\	Name of Person	
	Oneer Gear, 1	LC	
	•	Firm/Company	
	3447 Kentshire	Blvd	
		Address	
	Order FL 347	61	,
	Ocoee, FL 347 Junniech Dao	y/State and Zip Code	_
· · · · · · · · · · · · · · · · · · ·			•
		or future annual report notification)	
For further informat	ion concerning this matter, please	call:	
<u>Junni</u>	Chung me of Person	at (407) 456-	phone Number
Enclosed is a check	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 (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:		
The name of the Li	mited Liability Com	ipany is:	
Che	er Gear,	LLC	
(Mu	st end with the words "Lin	nited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Ad The mailing addres		of the principal office of the Li	imited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
3447 Kents Ocole, FL	hire Blvd 34761	PO BOX 33 Ocope, FL	5 34761
(The Limited Liability Co business entity with an a	ompany cannot serve as its ictive Florida registration.)	egistered Office, & Registered own Registered Agent. You must design	
The name and the I	Junnie	^ .	75 75 ·
	<u>Jurine</u>	Name	- E8
	<u>3447 Ke</u>	ntshire Blud	FILE MIG 29 METARY META
	Florida	street address (P.O. Box NOT accept FL 3476	otable) F.F. STA
		City, State, and Zip	3 5
liability compai registered agent ar	ny at the place design nd agree to act in this	t and to accept service of proces nated in this certificate, I hereby s capacity. I further agree to con nplete performance of my duties	accept the appointment as mply with the provisions of all
		n as registered agent as pr ovide d	
	The state of the s	nt's Signature (REQUIRED)	<u>/</u>

Page 1 of 2

(CONTINUED)

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:
MGRM	Junnie Chung 3447 Kantshire Blud Ococe, FL 34761
(Use attachment if necessary) FICLE V: Effective date, if other than the	
n effective date is listed, the date must r 90 days after the date of filing.)	be specific and cannot be more than five business days p

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.)

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)