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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. HAMPTON

(850) 245-6051. *****

COVER LETTER

TO: Registration Division of C			
SUBJECT: Oiki	as LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Charle	s McBurney		
		Name of Person	
		Firm/Company	
76 S. L	aura Street, S	Suite 590	
		Address	
Jackso	nville, FL. 322	202	
		ty/State and Zip Code	
Michelle (hanchey.com	0.00	
	·	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Charles M	cBurney	904 \ 79800	02
	e of Person	Area Code & Daytime Telep	phone 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 Paristration Section	Street/Courier Address Pagistration Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Oikias LLC			
(Must end with the words "Limited Liabili	ity Company,	"L.L.C.," or "LLC	.")
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal off	ice of the Limi	ited Liability Company is:
D ' ' 100" A11	3.6	4 3 3	
Principal Office Address:	Mailing	Address:	
76 S. Laura Street, Suite 590	76 S. Lau	ra STreet, Suite 59	90
Jacksonville, FL 32202	Jacksonvi	le, FL 32202	
			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered a	gent are:	
Charles McBurney			
Name			
70 C. Laura OTrack Outle 500			
76 S. Laura STreet, Suite 590 Florida street add	lress (P.O. B	ox NOT acceptal	ble)
Jacksonville		32202	,
	FL ate, and Zip		
•	•		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as region.	his certific ity. I furth e performa	ate, I hereby ac er agree to con nce of my dutie	ccept the appointment as nply with the provisions of es, and I am familiar with
Registered Agent's Signatu	ure (REQUII	RED)	- - 2
(CONTINU			FILE 2013 NOV 19 P
Page 1 of 2	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" = N	Janager	Name and Address:	
	= Managing Member		
MGRM		Charles McBurney	
		76 S. Laura Street, Suite 590	
		Jacksonville, FL. 32202	
			
		-	
			1
		-	
L E V: Effe	ment if necessary) ective date, if other than the is listed, the date m	n the date of filing:	(OPTION
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LE V: Effe fective dat or 90 days	ective date, if other than	must be specific and cannot be mor	(OPTION e than five busin
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