

L14000004860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

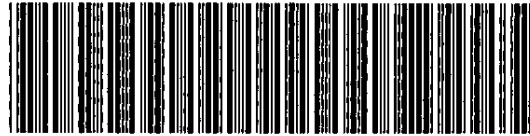
Special Instructions to Filing Officer:

JAN -- 9 2013

A. LUNT

W13-58170

Office Use Only



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FILED
TALLAHASSEE, FLORIDA

2013 DEC 26 PM 4:45

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2013

OREN SHMUELI
3600 MYSTIC POINTE DR. APT 808
AVENTURA, FL 33180

SUBJECT: OS CONSULTING, LLC
Ref. Number: W13000058170

We have received your document for OS CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 813A00024499

December 16, 2013

Agnes Lunt

Regulatory Specialist II

Florida Department of State

Division of Corporations

Ref. Number W13000058170

Dear Agnes Lunt,

I received your letter dated October 21, 2013.

Please file the attached Articles of Organization of OSC Consulting, LLC instead of OS Consulting, LLC

I can be reached at 305-331-1770 or oren_shm@hotmail.com

Regards,

Oren Shmueli

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OS Consulting, 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:

Oren Shmueli
Name of Person

OS Consulting, LLC
Firm/Company

3600 Mystic Pointe Dr., Apt. 808
Address

Aventura, FL 33180
City/State and Zip Code

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

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For further information concerning this matter, please call:

Oren Shmueli at **(305) 331-1770**
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSC Consulting, 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:

17780 Collins Avenue, 2nd Floor

Sunny Isles, FL 33160

Mailing Address:

17780 Collins Avenue, 2nd Floor

Sunny Isles, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures

(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:

Oren Shmueli

Name

17780 Collins Avenue, 2nd Floor

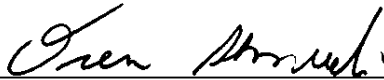
Florida street address (P.O. Box **NOT** acceptable)

Sunny Isles, FL 33160

FL

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:

MGRM

Oren Shmueli
3600 Mystic Pointe Dr., Apt. 808
Aventura, FL 33180

MGR

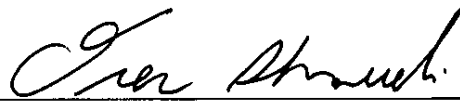
Carrie Ho
3600 Mystic Pointe Dr., Apt. 808
Aventura, FL 33180

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(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, F.S.)

Oren Shmueli

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)