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(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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MAR 13 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OMG Courpet Care 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:		
Omar Maati Name of Person		
em6 Camet Care, LC.		
103 San Remo Rud.	<u>_</u>	
North Lauderdale, FC 33068 City/State and Zip Code	2014 MAR	
E-mail address: (to be used for future annual report notification)	2 PM	77
For further information concerning this matter, please call:	高温 4	
Omar Maati at (951) 817-3425 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Certified Copy (additional copy is encl	tatus &	

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:		
OME Capet Care LC. (Must end with the worlds "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
103 San Jimo Blud. Niauderdale, Fi 33068	103 San Remo Blud. N. Lauderdale, FC 3302	පි
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individ	ual or
The name and the Florida street address of the registered a 	gent are:	
103 San Rema	NOT acceptable)	
N. Lauderdale	, FL <u>33068</u> zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent and agree to all statutes relating to the proper and complete p	act in this performance
Registered Agent's Signatur		2014 MAR
(CONTINUE) Page 1 of 2	SEE FLORIDA	2 PM 3: 4

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	mGR: Omar Maati 103 San Demo Blud. N Lauderdale, FL 33
	
EV: Effective date, if other than the d ctive date is listed, the date must be	ate of filing: <u>March 07, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the d ctive date is listed, the date must be f filling.)	ate of filing: <u>March 07, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any.	ate of filing: <u>March 07, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any.	ate of filing: March 07, 2014. (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation upling a may a m	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State