

L14000059642

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

****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.
OARG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

14 APR 10 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 10 6:11 PM '14

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Help

B. BOSTICK

APR 11 2014

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OARG 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:
7319 NW 79 TERRACE
MEDLEY, FL 33166Mailing Address:
7319 NW 79 TERRACE
MEDLEY, FL 33166

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:

AGENTS AND CORPORATIONS INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

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

Naples

City

FL34012

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 605, F.S.

AGENTS AND CORPORATIONS, INC.

By: Brian CrawfordRegistered Agent's Signature (REQUIRED)
BRIAN C. CRAWFORD, ASST. SECRETARY

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

Manager "MGR"

GERARDO MALAGON

7319 NW 79 TERRACE

MEDLEY, FL 33166

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

GERARDO MALAGON

Typed or printed name of signer

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)

2014 APR 10 A 10:01