

L14000062531

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FLORIDA LIMITED LIABILITY CO.
OSCORP GROUP, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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April 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: OSCORP GROUP, LLC
REF: W14000023940

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable.

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Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000090325
Letter Number: 514A00008110

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TALLAHASSEE, FLORIDA

H14000090325

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oscorp Group, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2600 Douglas Road, Suite 811
Coral Gables, Florida 33134

2600 Douglas Road, Suite 811
Coral Gables, Florida 33134

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:

Valentin Lopez c/o Lopez & Partners LLC
Name

2600 S. Douglas Road, Suite 811
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134
City, State, and Zip

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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.

Valentin Lopez
Registered Agent's Signature (REQUIRED)

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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

Oscar Chamorro Lafarja

2600 Douglas Road, Suite 811

Coral Gables, Florida 33134

MGRM

Dulce Maria Leticia Rojas Quintana

2600 Douglas Road, Suite 811

Coral Gables, Florida 33134

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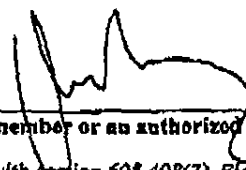
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 15, 2014 (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.)

Oscar Chamorro Lafarja

Typed or printed name of signer

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