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To:

Division of Corporations

Fax Number : (850) 617-6383

Effective Date 8/25/14

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305) 552-5973

Fax Number : (305) 675-5944

****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. OBB BUSINESS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

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DIVISION OF CORPORATIONS
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T. HAMPTON

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Effective Date 8/25/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OBB Business 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:

Mailing Address:

291 FILLMORE ST
NAPLES, FL 34104

291 FILLMORE ST
NAPLES, FL 34104

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:

Alex Silva

Name

291 FILLMORE ST

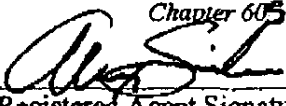
Florida Street address (P.O. Box NOT acceptable)

NAPLES, FL 34104

City, State, and Zip

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at 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 related 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.


Registered Agent 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 follow:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

Name and Address:

Orlando Balseca-Basantes

291 FILLMORE ST

NAPLES, FL 34104

Andrea Viviana Zurita-Ruales

291 FILLMORE ST

NAPLES, FL 34104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/25/2014 (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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alex Silva

Typed or printed name of signee

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