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(Ĉi	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		-
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:]
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Office Use Only

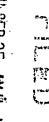


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COVER LETTER

TO: Registration Division of C	n Section Corporations				
SUBJECT: Oculus	Capital Management, LLC Name of Lin	C mited Liability Company			
	of Organization and fee(s) a		·		
<u>Alejandr</u>	o Jose Real-d'Arbelles	Name of Person			-
<u>Oculus (</u>	Capital Management, LLC	Firm/Company			-
<u>11301 S</u>	W 160 CT	Address			-
<u>Miami, F</u>	lorida 33196	City/State and Zip Code			-
oculusmiami@	gmail com	d for future annual report notifica	ition)	SCORE ALL AH	2014 SSP
For further information	on concerning this matter, ple	ase call:		BARY.O ASSEC	25
Alejandro Jose Rea Nar	al-d'Arbelles at (_ ne of Person		ephone Number	F STATE Februar	
Enclosed is a check for	or the following amount:				
☐ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filin Certificate o Certified Co (additional cop	f Status & py	
	iling Address	Street/Courier Add	ress		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Liability Company, "L.L.C.," or "LLC.")
ffice of the Limited Liability Company is:
Mailing Address:
11301 SW 160 CT Miami, FL
33196
& Registered Agent's Signature: Registered Agent. You must designate an individual or n.)
agent are:
es
x NOT acceptable)
FL 33196
Zip
rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the ture (REQUIRED) ED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Alejandro Jose Real-d'Arbelles	
	11301 SW 160 CT	
	Miami, FL 33196	
MGR	Rodrigo Cabrera	
	10051 Costa del Sol Blvd	
	Miami, FL 33178	
		
(Use attachment if necessary) EV: Effective date, if other than the date extive date is listed, the date must be spend filing.)	of filing: (OPTION ecific and cannot be more than five business days pri	NAL) or to or 9
E V: Effective date, if other than the date excrive date is listed, the date must be spen of filing.)	of filing: (OPTION ecific and cannot be more than five business days pri	NAL) or to or 9
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E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a met (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: (OPTION exific and cannot be more than five business days printed and cannot be more than five business days printed for an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this dorn the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of Statutes, as provided for in s.817.155, F.S.)	ocument
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a met (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this do r the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of S y as provided for in s.817.155, F.S.)	ocument