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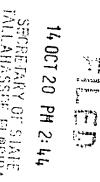
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ст:	COMPANY LLC Name of Limited Liability Company
The enc	losed Articles of Organization	on and fee(s) are submitted for filing.
Please r	eturn all correspondence cond	cerning this matter to the following:
	<u> </u>	ANIEUER WILLIAMS Name of Person
		Name of Person
		Firm/Company
	6030	COUNTRY GLADE WAY
)
		City/State and Zip Code
	DAH 1 E E-mail addre	ELEREUIDTE QUAHOO · COM (LOWERCASE) ess: (to be used for future annual report notification)
For furt	her information concerning th	nis matter, please call:
1	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following	g amount:
□ \$125.00	Filing Fee 3130.00 F Certificate	Piling Fee & Status Status Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed) Status Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corpor	
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32	2314 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
OAC COMPANY L (Must end with the words "Limited L	LC iability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
LOSO COUNTRY GLADE WAY TAMPA FL 33605	6030 COUNTRY GL	ADEWAY
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 individual or
The name and the Florida street address of the registered a anuler Name bo30 co un rup Florida street address (P.O. Box) City	Williams Glade Day	
Having been named as registered agent and to accept serv 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	he appointment as registered agent an all statutes relating to the proper and eations of my position as registered ago	nd agree to act in this complete performance
Registered Agent's Signatu	r 605, F.S Control (REQUIRED)	14 OCT 20 P
(CONTINUE Page 1 of 2	(D)	EFENANCE CONTRACTOR
rage rouz		- -

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	_
"MGR" = Manager	
1/rector	Janeer William
	2 5030 Country grade was
Secrolonia	Danielos ulliani
	SAME
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(Use attachment if necessary) E.V: Effective date, if other than the date ective date is listed, the date must be so f filing.) E.VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
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