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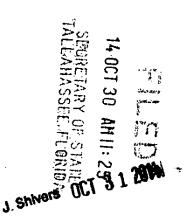
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJE	CCT: Oscar	Tango LLC Name of Lir	nited Liability Company	
The end	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return ail corre	spondence concerning this m	atter to the following:	
	Richard	N. Sampson	Name of Person	
	Oscar Ta	ango LLC	Firm/Company	
	9161 SE	Mystic Cove Ter	Address	
	Hobe So	und, FL 33455	City/State and Zip Code	<del></del>
te	ohrosan@out	look.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	her informatio	n concerning this matter, ple	ase call:	
Richar	d N. Sampso Nan	n at (_	775 ) 287-9044 Area Code Daytime Te	lephone Number
Enclose	d is a check fo	r the following amount:		
<b>☑ \$</b> 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Oscar Tango LLC (Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
9161 SE Mystic Cove Ter Hobe Sound, FL 33455	9161 SE Mystic Cove Ter Hobe Sound, FL 33455	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate	e an individual or
The name and the Florida street address of the registered	l agent are:	
Richard N. Sampson Name	÷	
9161 SE Mystic Cove Ter Florida street address (P.O. Box	x <u>NOT</u> acceptable)	
Hobe Sound	FL 33455	
City	Zip	
The support of the su	of the appointment as registered agent a of all statutes relating to the proper and oligations of my position as registered agenter 605, F.S  The content of the proper and the proper a	and agree to act in this  d complete performance

AMBR  Richard N. Sampson 9161 SE Mystic Cove Ter Hobe Sound, FL 33455  Virginia M. Davlin 9161 SE Mystic Cove Ter Hobe Sound, FL 33455   Wise attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of 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 trigger and any and a submitted in a document to the Department of State (c)  I am aware that any false information submitted in a document to the Department of State (c)  Richard Sampson  Typed or printed name of signee  Filling Fees:  S125 00 Filling Fees:  Filling Fees:  S125 00 Filling Fee for Articles of Organization of Registered Accept	Title:	Name and Address:	
AMBR  Richard N. Sampson 9161 SE Mystic Cove Ter Hobe Sound, FL 33455  Virginia M. Davlin 9161 SE Mystic Cove Ter Hobe Sound, FL 33455   Wise attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of 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 trigger and any and a submitted in a document to the Department of State (c)  I am aware that any false information submitted in a document to the Department of State (c)  Richard Sampson  Typed or printed name of signee  Filling Fees:  S125 00 Filling Fees:  Filling Fees:  S125 00 Filling Fee for Articles of Organization of Registered Accept	"AMBR" = Authorized	d Member	
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AMBR  Virginia M. Davlin 9161 SE Mystic Cove Ter Hobe Sound, FL 33455  Virginia M. Davlin 9161 SE Mystic Cove Ter Hobe Sound, FL 33455  EV: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr filing.  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of in 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 triged to a member of the state of the penalties of the prior that the facts stated herein are triged to a member of the state of the penalties of the penal	AMBR	Richard N. Sampson	_
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Wirginia M. Davlin  9161 SE Mystic Cove Ter Hobe Sound, FL 33455  EV: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of in 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 constitutes at third degree felony as provided for in s.817.155, F.S.)  Richard Sampson  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Orangization of Paristance Agent.			-
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9161 SE Mystic Cove Ter Hobe Sound, FL 33455  E. V: Effective date, if other than the date of filing:	AMBR	Virginia M. Daylin	
Hobe Sound, FL 33455  [Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		9161 SF Mystic Cove Ter	
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ARTICLE IV-