

L15000038439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

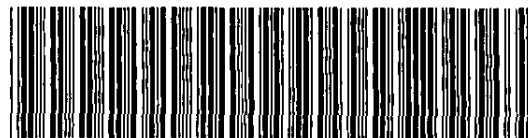
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/02/15--01007--013 **160.00

RECEIVED
DEPARTMENT OF STATE
15 MAR -2 AM 11:15

FILED
15 MAR -2 PM 1:20
SUDAN
TALLAHASSEE, FLORIDA

MAR -3 2015

T. BROWN

Charter Number Only

VALIDATION ONLY

2/29/15

Pedro F. Martell P.A.

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

O & Y Management LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy of Articles | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick-Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O & Y MANAGEMENT LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO F. MARTELL, ESQUIRE
Name of Person

PEDRO F. MARTELL, P.A.
Firm/Company

9485 S.W. 72ND STREET, SUITE A265
Address

MIAMI, FLORIDA 33173
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO F. MARTELL at (305) 275-0077
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FILED
15 MAR -2 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: **O & Y MANAGEMENT LLC.**

ARTICLE II – Address:

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

Principal Office Address:

**965 N.E. 72nd Street
Miami, Florida 33138**

Mailing Address:

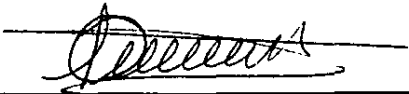
**965 N.E. 72nd Street
Miami, Florida 33138**

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

**Orlando Otero
965 N.E. 72nd Street
Miami, Florida 33138**

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 605, F.S.



Orlando Otero

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

MGR (Manager)/AMBR
(Authorized Member)

Orlando Otero
17240 S.W. 188th Street
Miami, Florida 33187

AMBR (Authorized Member)

Alcida Gonzalez
17240 S.W. 188th Street
Miami, Florida 33187

AMBR (Authorized Member)

Yan A. Perez
965 N.E. 72nd Street
Miami, Florida 33138

AMBR (Authorized Member)

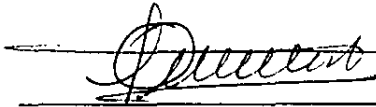
Meleigne Otero
17301 S.W. 88th Court
Palmetto Bay, Florida 33157

ARTICLE V

Effective date, if other than date of filing: _____ (Optional)

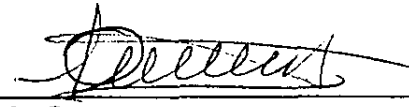
ARTICLE VI: Other provisions, if any.

Required Signature:



Orlando Otero

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.).



Orlando Otero

This instrument was prepared by:
Pedro F. Martell, Esq.
9485 S.W. 72nd Street, Suite A-265
Miami, FL 33173