

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA
Account Number : I20050000145
Phone : (813) 988-5500
Fax Number : (813) 988-5510

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PAMELA.SAIN@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Olivia N. Sain, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

15 APR 23 11:10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

APR 24 2015
J. HARRIS

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H15 0000997833

ARTICLES OF ORGANIZATION
OF
OLIVIA N. SAIN, LLC

ARTICLE I - NAME

The name of the limited liability company is Olivia N. Sain, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
102 E. Lake Colony Dr.
Maitland, Florida 32751

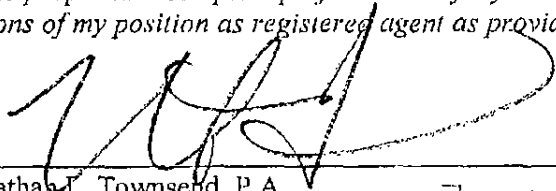
Mailing Address:
102 E. Lake Colony Dr.
Maitland, Florida 32751

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Nathan L. Townsend, P.A.
9385 N. 56th St., Ste. 202
Tampa, Florida 33617

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.


Nathan L. Townsend, P.A.

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TALLAHASSEE, FLORIDA

04/23/2015 12:36 TO:18506176383 FROM:8139885510

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:
"MGR" = Manager
"AMBR" = Authorized Member

Name and Address:

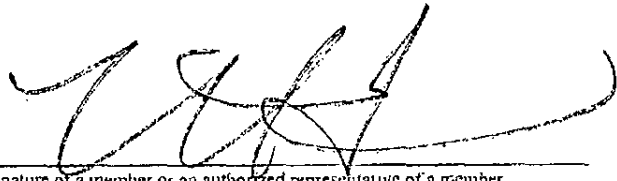
MGR

Olivia N. Sain
102 E. Lake Colony Dr.
Maitland, Florida 32751

MGR

Pamela S. Sain
102 E. Lake Colony Dr.
Maitland, Florida 32751

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nathan L. Townsend

Typed or printed name of signer

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