

07/10/2015 13:49 FAX 8789049402

OSCP LLC

001/004

7/9/2015

L1500015974

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000168059 3)))



H150001680593ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ORNSTEIN-SCHULER CAPITAL PARTNERS, LLC
Account Number : I20150000079
Phone : (678)904-9956
Fax Number : (678)904-9402

15 JUL 10 PM 1:43
RECEIVED

15 JUL 10 AM 8:19
RECEIVED

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

Email Address: cpatel@oscp.net

**FLORIDA LIMITED LIABILITY CO.
Deep Rock LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

JUL 13 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

H150001680593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deep Rock 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:

Matthew S. Kaynard

Name of Person

Deep Rock LLC

Firm/Company

3815 Wahoo Drive

Address

St. Augustine, Florida 32084

City/State and Zip Code

mark@oscp.net

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

For further information concerning this matter, please call:

Reshma Patel

678

904-9956

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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

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

Street Address

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

H15000168593

H150001680593

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Deep Rock LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:3815 Wahoo Drive
St. Augustine, Florida 32084**Mailing Address:**3815 Wahoo Drive
St. Augustine, Florida 32084**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
City	State	Zip

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.

[Signature]
 Registered Agent's Signature (REQUIRED)
 Krahn, Asst Secretary to NRAI

(CONTINUED)

Page 1 of 2

FILED
 15 JUL 10 AM 8:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H150001680593

H150001680593

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Galt Holdings, LLC

4355 Cobb Parkway, Suite J 555

Atlanta, Georgia 30339

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Matthew S. Kaynard

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H150001680593