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To:

Division of Corporations

Fax Number

: (850)617-6391

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA Account Numbor : 076424000767

Account Number : 076424000767 Phone : (305)442-3334 Fax Number : (305)443-3292

**Enter the email address for this business entity to be used for future.

angual report mailings, Enter only one email address clease.**

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Email Address: ORIVERACSRAL-LAW, C.DM

FLORIDA LIMITED LIABILITY CO. OAKHEAD GROUP LLC

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COVER LETTER

TO: Registration Department Division of Corporations

SUBJECT: OAKHEAD GROUP 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:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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ARTICLE I - NAME:

The name of the Limited Liability Company is: OAKHEAD GROUP LLC.

15 JUL 10 AM 7:49

ARTICLE II - ADDRESS:

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

Principal Office Address:

3400 S.W. 27TH AVE. APT. 405 MIAMI, FLORIDA 33133

Mailing Address:

3400 S.W. 27TH AVE. APT. 405 MIAMI, FLORIDA 33133

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

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

Oscar R. Rivera, Registerea Agent Florida Bar No.:329193

ARTICLE IV - MANAGER/DIRECTORS

Title:

Name and Address

MGR

CHRISTIAN DE LA FE 3400 S.W. 27TH AVE. APT. 405 MIAMI, FLORIDA 33133

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FAX NO. 9544652590

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REQUIRED SIGNATURE:
Oscar ??
Signature of a member or authorized representative of a member
[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an effirmation 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 \$.817.155.F.S.)
OSCAR R. RIVERA
Type or printed name of signee