## L15000 136373

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

'AUG 1'3 2015 T. SCOTT



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## **COVER LETTER**

TO:	Registration S Division of Co				
CUDIE		dings, LLC			
SUBJE	.CI:	Name of Lin	nited Liabilit	y Company	
The end	closed Articles of	f Organization and fee(s) are	submitted t	for filing.	
Please	return all corresp	ondence concerning this ma	itter to the fo	llowing:	
	Julie Saund	ers			
			Name of 1	Person	<del>-</del>
	Khalsa McI	Brearty Accountancy, LLC			
			Firm/Cor	npany	
	3200 N Cer	ntral Ave Ste 1150			
	<del></del>		Addre	SS	
	Phoenix, A	Z 85012			
			ity/State and	i Zip Code	
	jas@vaiil.co	E-mail address: (to be used	for fisting a	-nual vanant natificati	
				muai report notificati	on)
For furth	er information c	oncerning this matter, please	e call:		
	Julie Saund	ers 60 at (	02	407-2888	_
	Nai	ne of Person A	rea Code	Daytime Telephon	e Number
Enclos	ed is a check for	the following amount:			
<b>-</b> \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Con	npany is:			
O&R Holdings, LLC				
(Must end with t	he words "Limited	Liability Co	mpany, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal o	ffice of the Li	imited Liability Comp	oany is:
Principal Of	fice Address:		<u>Mai</u>	ling Address:
3251 N 37th Street			3251 N 37th Street	
Hollywood, FL 33021			Hollywood, FL 33	021
		<del></del> -		
The name and the Florida street addre	ss of the registered	l agent are: Name		
<u>32</u>	51 N 37th STreet			
Fl	orida street addres	s (P.O. Box 🐧	OT acceptable)	<del></del>
<u>Ho</u>	llywood, FL 3302	1		
	City	State	Zip	
laving been named as registered agent place designated in this certificate, I here in the agree to comply with the provision in familiar with and accept the obligation.	eby accept the app ons of all statutes re ons of my position	ointment as re elating to the p as registered	egistered agent and ag proper and complete p	ree to act in this capacity. I performance of my duties, and I in Chapter 605, F.S
		(CONTINI	uen)	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Robert Meirovich
	3251 N 37th Street
	Hollywood, FL 33021
AMBR	Diana Genkin
	3251 N 37th Street
	Hollywood, FL 33021
	date of filing: (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart LE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart LE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be nent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart LE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be nent of State's records.
EV: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.

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)