

L/5000744/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

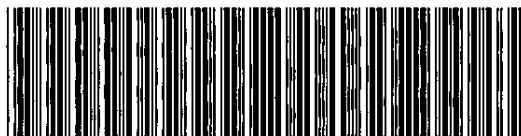
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700277773367

10/07/15--01010--021 **130.00

EFFECTIVE DATE

10-1-15

RECEIVED
FALL ARREST, FLORIDA

15 OCT -7 PM 11:10

FILED

OCT 14 2015
S. GILBERT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORA, LLC.

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

FILED
15 OCT -7 PM 11:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2788 HAMPTON Circle West
DELRAY BEACH, FL.
33445

SAME

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:

Edward P. Slominski
Name

2788 HAMPTON Circle West
Florida street address (P.O. Box NOT acceptable)

DELRAY BEACH FL. 33445
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..

Edward P Slominski
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

Name and Address:

GABRIEL SCHILLENGER

75 NE 5TH AVE APT E

DELRAY BEACH, FL. 33435

Edward P. Slominski

2788 HAMPTON CIRCLE WEST

DELRAY BEACH, FL. 33445

SAM SYNDER

516 E 82ND STREET

NEW YORK, NEW YORK 10028

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-1-15 (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:

Edward P. Slominski

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.

Edward P. Slominski

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)