

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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

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

Email Address: (DA



FLORIDA LIMITED LIABILITY CO.

Wahoo River Partners LLC

Certificate of Status	1
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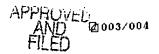
Corporate Filing Menu

Help

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Wahoo River Partners LLC	
SUBSEC		e of Limited Liability Company
The enclo	sed Articles of Organization and	fee(s) are submitted for filing.
Please ret	urn all correspondence convernin	this matter to the following:
	Matthew S. Kaynard	
		Name of Person
		P 16
	5337 N. Soerum Loop Rd., #3	Firm/Company
	3337 14, 30ci (III Loop Rd., #3	Address
	Lakeland, Florida 33809	, 100,000
	mattk@oscp.net	City/State and Zip Code
		be used for future annual report notification)
For further	information concerning this matte	τ, please call:
	Reshma Patcl	678. 904-9956
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amou	ot:
S125.00 I	Filing Fee S130.00 Filing I Certificate of S	
	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 Tailahassee, FL 32301

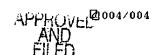
OSCP LLC



15 DEC 29 AM 9: 11

ARTICLE I - Name:			OF CHETAIN IN C
ANTICOL HAINE.			SECRETARY OF S
The name of the Limited Liab	ility Company is:		a serial to the definition of the
	my company w		
35/-1 D (m			
Wahoo River Parti		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 A B W. L. C. I.S.
(Must en	nd with the words "Limited	i Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	t address of the principal o	ffice of the Limited Lisb	ility Company is:
	t a company a tame.		
Princ	ipal Office Address:		Mailing Address:
5337 N. Sperum 1.	oop Rd., #304	5337 N. S	Socrum Loop Rd., #304
Lakeland, Florida	33809		Florida 33809
			_
ARTICLE III - Registered A			
(The Limited Liability Compa			nost designate an individual of
another business entity with a	n active Florida registratio	vi.)	
The name and the Florida street	at address of the registered	agent are:	
	NRAI Services, Inc.		
		Name	
	1000 0 1 701 1		
	1200 South Pinc Isla		
		nd Road • (P.O. Box <u>NOT</u> accept	able)
			33324
	Florida street address	(P.O. Box <u>NOT</u> accept	
	Florida street uddress Plantation	(P.O. Box <u>NOT</u> accepti Florida	33324
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	n authorized to manage and control the Limited Liability Sempany: OF TALLAHASSEE F
<u>Title:</u>	Name and Address:
"AMBR" Authorized Member	··· ·
"MGR" = Manager	
MGR	GH Manager LLC
_	4355 Cobb Parkway, Suite J 555
	Atlanta, Georiga 30339
	·
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· /* · · · ·	the state of the s

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