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# BARCLAY DAMON<sup>up</sup>

Colleen M. Snyder Paralegal

January 21, 2016

### **VIA OVERNIGHT MAIL**

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

Re: Onvari, LLC

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the Articles of Organization along with our firm's check in the amount of \$125.00 which represents the filing fee along. Once filed, we ask that you return a filing receipt a file stamped copy of the Articles in the enclosed self-addressed postage paid envelope.

If you have any questions, please contact me. Thank you.

Very truly yours,

Willen M. Smyden
Colleen M. Snyder

CMS:cs Enclosures

ce: Richard J. Day, Esq.

11649895.1

# **COVER LETTER**

	egistration Section ivision of Corporations			
SUBJECT	Onvari, LLC			
SOBJECT	Name of Li	mited Liabilit	y Company	
The enclos	ed Articles of Organization and fee(s) a	re submitted	for filing.	
Please retu	rn all correspondence concerning this m	natter to the fo	ollowing:	
	Colleen M. Snyder, Paralegal			
		Name of	Person	
	Barclay Damon, LLP			
		Firm/Cor	npany	
	200 Delaware Avenue, Suite 1200			
		Addre	SS	
	Buffalo, NY 14202			
		City/State and	l Zip Code	
•	E-mail address: (to be use	d for future a	nual report notificati	on)
For further i	nformation concerning this matter, pleas	se call:		
	3, -1	716	566-1422 )	
	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	D Filing Fee & d Copy I 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 Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Onvari, LLC			
(Must er	nd with the words "Limited Liab	ility Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
	t address of the principal office	of the Limited Li	iability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
5300 Ocean Blvd		5300 C	Ocean Blvd
<u>Unit 604</u>		Unit 60	
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa	agent, Registered Office, & Renny cannot serve as its own Regi	Saraso egistered Agent'	ta, FL 34242
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & Renny cannot serve as its own Regi	Saraso egistered Agent' stered Agent. Yo	ta, FL 34242 s Signature:
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agen	Saraso egistered Agent' stered Agent. Yo	ta, FL 34242 s Signature:
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Renny cannot serve as its own Regin active Florida registration.)	Saraso egistered Agent' stered Agent. Yo nt are:	ta, FL 34242 s Signature:
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agent	Saraso egistered Agent' stered Agent. Yo nt are:	ta, FL 34242 s Signature:
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.)  et address of the registered agenth Michael Silvestri	Saraso egistered Agent' stered Agent. You nt are:	ta, FL 34242 s Signature: ou must designate an individual or
Sarasota, FL 3424  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Registered office, & Registered office, & Registration active Florida registration.)  et address of the registered agenomic Michael Silvestri  National Silvestri	Saraso egistered Agent' stered Agent. You nt are:	ta, FL 34242 s Signature: ou must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michael Silvestri
	5300 Ocean Blvd, Unit 604
	Sarasota, FL 34242
	Salasuta, TL SALAL
(Use attachment if necessary)	
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ARTICLÉ IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Onvari, LLC		<u></u>	
(Must end with t	he words "Limited Liab	oility Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office	of the Limited Liability Co	ampany is:
_	fice Address:	·	Mailing Address:
5300 Ocean Blvd		5300 Ocean Bly	<del></del>
Unit 604		Unit 604	
Sarasota, FL 34242  ARTICLE III - Registered Agent, R (The Limited Liability Company cann	ot serve as its own Reg	Sarasota, FL 34. egistered Agent's Signatu stered Agent. You must de	ire:
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	ot serve as its own Reg Florida registration.)	egistered Agent's Signatu stered Agent. You must de	ire:
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ARTICLE III - Registered Agent, R The Limited Liability Company cann mother business entity with an active The name and the Florida street addre  Mi  53	ot serve as its own Reg Florida registration.) ss of the registered age ichael Silvestri Na: 00 Ocean Blvd, Unit 60	egistered Agent's Signatu stered Agent. You must de nt are: me	ire:

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
	Michael Silvestri	
	5300 Ocean Blyd, Unit 604 Sarasota, FL 34242	
	Dalastra, L. 5 12-12	
	-	
(Use attachment if necessary)		
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