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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC"	OZERY INVESTMENT, LLC			
SUBJEC		imited Liability	у Сотралу	
The enclo	sed Articles of Organization and fee(s)	are submitted f	or filing.	
Please ret	urn all correspondence concerning this	matter to the fo	llowing:	
	TAMIR OZERY, AMBR			
		Name of P	erson	
	OZERY INVESTMENT, LLC			
		Firm/Com	ipany	 -
	13100 BROXTON BAY DRIVE, A	PT. 821		
		Addres	SS .	
	JACKSONVILLE. FL 32218		-	
	zale1951@gmail.com	City/State and	Zip Code	
	E-mail address: (to be us	ed for future an	nual report notification)	
For further	information concerning this matter, ple	ase call:		
	TAMIR OZERY	410	963-5985	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00 F		LCertified	Filing Fee & S160.00 Filing Fed Copy Certificate of State Copy (additional copy is	atus &
	Mailing Address	_	itreet Address New Filing Section	
	New Filing Section Division of Corporations	Ε	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 1661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:		
Ozery Investment, LLC			
(Must end wi	ith the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal	office of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
Jacksonville, FL 32218		same	2
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own	n Registered Agent. '	nt's Signature: You must designate an individual or
The name and the Florida street ad	dress of the registere	d agent are:	
	Mr. Or Pando		
		Name	
	6950 Philips Highw	ay, Suite 27	
		ss (P.O. Box NOT a	cceptable)
	Jacksonville	FL	32216
	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..

Cs Pando

Registered Agent's Signature (REQUIRED)

OR Pando

(CONTINUED)

Page 1 of 2

¥

"AMBR" = Manager Tamir Ozery, AMBR 3100 Broxton Bay Drive, Apt. 821 Jacksonville, FL 32218 Jacksonville, FL 32218			13100 Broxton Bay Drive, Apt. 821
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (CEV: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 ce of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State or filing records. (In the date in state of the date	"MGR" = Manag	<u></u>	13100 Broxton Bay Drive, Apt. 821
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			13100 Broxton Bay Drive, Apt. 821
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			Jacksonville, FL 32218
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			Jacksonvine, I L 32210
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
REOURED SIGNATURE: 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. I am aware that any false information submitted in a document to the Department of State. Tamir Ozery Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
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ARTICLE IV-