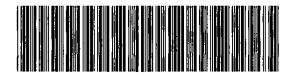
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SEGRETARY OF STATE

FEB 2 6 2015 S. PRATHER

COVER LETTER

	Division of Corporations
SUBJEC	Olakitan Omotayo LLC
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Mrs Juliet Talabi
	Name of Person
	Firm/Company
	227 Candlebark Drive
	Address
	Jacksonville, Florida, 32225
	City/State and Zip Code poplolliangel@yahoo.co.uk
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Mrs Juliet Talabi 904 3070710
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is encl
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
LE 11 - Address:	
ing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
227 Candlebark Drive	227 Candlebark Drive
Jacksonville, Florida	Jacksonville, Florida
32225	32225
F III - Registered Agent Registered Office	& Registered Agent's Signature:
E III - Registered Agent, Registered Office,	& Registered Agent's Signature: Registered Agent. You must designate an indivi

Name

227 Candlebark Drive
Florida street address (P.O. Box NOT acceptable)

Jacksonville Florida 32225

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..

Mrs Juliet Talabi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Ololade Olayanju 227 Candlebark Dr
	Jacksonville, Florida, 32225
	Jacksonvine, 1 fortua, 32223
	16
	a
	76
(Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: January 01 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date ective date is listed, the date must be spef filing.) the date inserted in this block does not n	of filing: January 01 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ctive date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department.	of filing: January 01 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree.	of filing: January 01 2016 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be of State's records. Oly lade Clay en la ember or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State et felony as provided for in s.817.155, F.S.