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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	O'Hara Enterprises, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Michael Speck
	Name of Person
	Michael Speck and Associates, Inc.
	Firm/Company
	1912 B Lee Road
	Address
	Orlando,FL 32810
	City/State and Zip Code johara@randrcollision.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Michael Speck 407 521-8973
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siling Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address New Filing Section New Filing Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	es, LLC		
(Must e	end with the words "Limited Lia	bility Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal office	of the Limited	Liability Company is:
<u>Prir</u>	cipal Office Address:		Mailing Address:
956 Bucksaw Pla	ce	956 1	Bucksaw Place
The Limited Liability Comp	Agent, Registered Office, & R	egistered Agen	at's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & R	egistered Agentistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Roany cannot serve as its own Regan active Florida registration.)	egistered Agentistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) There address of the registered age	egistered Agentistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) There address of the registered age	egistered Agent, istered Agent. I	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) The reet address of the registered age John P O'Hara Na	egistered Agent, y istered Agent. Y nt are:	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.) The eet address of the registered age John P O'Hara Na 956 Bucksaw Place	egistered Agent, y istered Agent. Y nt are:	nt's Signature: You must designate an individual or

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l 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:	Name and Address:
"AMBR" = Authorized Member	**
"MGR" = Manager	r t povr
MGR.	John P O'Hara
	956 Bucksaw Place Longwood, FL 32750
	Longwood, PL 32730
MGR	Liam Patrick O'Hara
	956 Bucksaw Place
	Longwood, FL 32750
,	
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a man This document is executed.	meet the applicable statutory filing requirements, this date will not to of State's records. The member of an authorized representative of a member. The member of a member of the memb
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EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a nor This document is exect I am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. The member of an authorized representative of a member. The member of a member of the statutes are information submitted in a document to the Department of State.

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