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TAILAHASSEE FLORING

Office Use Only

mc 10/31/16

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	JESSICA OKUN, DO. LLC	
CONSECT		e of Limited Liability Company
The enclos	ed Articles of Organization and i	Fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	g this matter to the following:
	Jessica Okun	
		Name of Person
	Jessica Okun, DO LLC	
		Firm/Company
	1508 SE 3rd Ave	
		Address
	Fort Lauderdale, FL 33316	•
	jessieokun@gmail.com	City/State and Zip Code
		be used for future annual report notification)
For further in	nformation concerning this matte	r, please call:
	Jessica Okun	954 462-8714 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amou	nt:
\$125.00 Fi		ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address New Filing Section	Street Address New Filing Section

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, F1. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
Jessica Okun, DO	LLC			
(Must en	d with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limiter	d Liability Company is:	
Princ	ipal Office Address:		Mailing Address	<u>ss</u> :
1508 SE 3rd Ave			8 SE 3rd Ave	
Fort Lauderdale, F	°L 33316	<u>For</u>	t Lauderdale, FL 33316	The state of the s
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own in active Florida registration	Registered Agent. n.)		vidual or
	Jessica Okun	Name		into H
		TVALLIC		SSE 27
	1508 SE 31d Ave Florida street address	(P.O. Box NOT	acceptable)	
	Fort Laudedrale	FL	33316	S 5
	City	State	Zip	21 21
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ue, I hereby accept the appo provisions of all statutes re obligations of my position o	piniment as register lating to the property of	red agent and agree to act in r and complete performance as provided for ture (REQUIRED)	apacity I
		-		

Title:	thorized Member	Name and Address:
"MGR" = Man MGR	ager	Jessica Okun
1414-131		1508 SE 3rd Ave
		Fort Lauderdale, FL 33316

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(Use attachmer	•	date of filing: . (OPTIONAL)
TLE V: Effective ffective date is lise of filing.) If the date inserte	date, if other than the sted, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be leant of State's records.
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TLE V: Effective ffective date is lise of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the sted, the date must be date on the Departments ovisions, if any. Signature of This document is eliam aware that any	a member or an authorized representative of a member. The secuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State segree felony as provided for in s.817.155. F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)