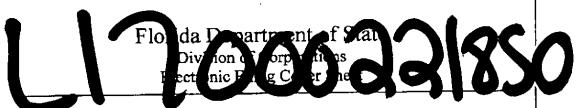
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name

: VCORP SERVICES, LLC

Account Number: 120080000067

Phone Fax Number : (845)425-0077 : (845)818-3588

**Enter the email address for this business entity to be used for rutura annual report mailings. Enter only one email address please

Email Address: State Notices

FLORIDA LIMITED LIABILITY CO. OAKK LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN	NY
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· ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
OAKK LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Addres:
334 East Lake Road #219	334 East Lake Road #219
Palm Harbor, FL 34685	Palm Harbor, FL 34685
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	nt are:

5011 South State Road 7, Suite 106

Voorp Services, LLC

Florida street address (P.O. Box NOT acceptable)

Name

33314 Davie FL Zip

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	, _ _
"MGR" = Manager	
MGR	Steve Kushner
· <u> </u>	334 East Lake Road #219
	Palm Harbor, FL 34685
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the di ective date is listed, the date must be of filing.) The date inserted in this block does no	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the diective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
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