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Unisearch, Inc.

501-578-1701

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : UNISEARCH, INC. (OR)
Account Number : I20150000113
Phone : (800)554-3113
Fax Number : (800)554-3114

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
OREGON PROCESSING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oregon Processing Solutions LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Oregon Processing Solutions LLC35A Smithfield Blvd. #306Plattsburgh, NY 12901Mailing Address:Oregon Processing Solutions LLC35A Smithfield Blvd. #306Plattsburgh, NY 12901

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Unisearch, Inc.

Name

155 Office Plaza DriveFlorida street address (P.O. Box NOT acceptable)TallahasseeFL32301

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company on 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.

By:

Shari Stoutenburg

Registered Agent's Signature (REQUIRED)

Shari Stoutenburg, Asst. Secretary

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

Steve Caddick

11924 W Forest Hill Blvd, 10A #172

Wellington, FL 33414

MGR

Miles Zalkin

4974 SW 34th Terrace

Ft. Lauderdale, FL 33312

MGR

Renier Gobea

603 Marmora Ave.

Tampa, FL 33606

MGR

Cary White

35A Smithfield Blvd. #306

Plattsburgh, NY 12901

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/12/2017 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Steve Caddick

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 constitutes a third degree felony as provided for in s.817.155, F.S.

Steve Caddick

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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