

L18000102468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

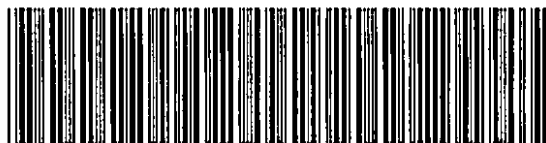
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000312390150

04/23/18--01021--023 \*\*180.00

04/23/18--01021--023 \*\*180.00

FILED  
18 APR 23 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 27 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: OPM 51 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELDON B GUREN  
Name of Person  
ATTORNEY  
Firm/Company  
2665 S Bayshore Drive, Suite 220  
Address  
Miami, FL 33133  
City/State and Zip Code  
sbg@sheldonbg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheldon B Guren 305 374-4007  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPM 51 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:

Mailing Address:

3960 Utopia Ct

SAME

Miami, FL

33133

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:

MICHAEL STEIN

Name

3960 Utopia Ct

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

Miami

FL

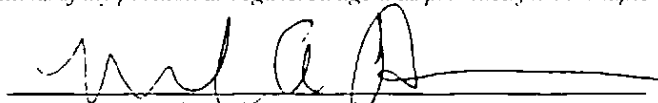
33133

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 APR 23 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

