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TO: New Filing Section
TO: New Filing Section Division of Corporations
SUBJECT: Oxley ASSC+ Managemen+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:
Noah M Oxley Name of Person
Name of Person
Firm/Company
311 SNap drag on Loop &
Address
Braden ton Florida 34212 City/State and Zip Code
City/State and Zip Code Nowh @ Oxley . US
Noah @ Oxley . US E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Compa	JEMENT LLC
(Must contain the words "Limited Liability Compa	nny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:
311 Snaperagon Loop	311 SNAD Gragon Loop
311 Snaperagon Loop Braden ten FLorica 34212	311 SNAD dragon Loops Bradon and Florida 34212
34211	34212
ARTICLE III - Registered Agent, Registered Office, & Registered & (The Limited Liability Company cannot serve as its own Registered Age another business entity with an active Florida registration.)	

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

ARTICLE I - Name:

Now	^ M.	Oxley	
	Name	r	
311 SNup Florida street address	dragon	Loup	
Florida street address	(P.O. Box <u>N</u>	OT acceptabl	le)
Bradenton	Floria	dn	34212
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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A M iB R	Noch M.Oxley
	34 311 SNAD Cragon LOUD
	Bradenton, Florina 34212
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.)	filing:
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
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ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	the applicable statutory filing requirements, this date will not be listed as State's records. State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes. aformation submitted in a document to the Department of State
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree feet.	et the applicable statutory filing requirements, this date will not be listed as State's records. State's records. Dally ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes.

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)