

6/25/2018

Division of Corporations

L18000157099

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

FILED
Jun 27, 2018 08:00 AM
Secretary of State

From: Account Name : INTERSTATE FILINGS LLC
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RECEIVED
2018 JUN 27 PM 5:12
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
OFKOS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

6/28/18
L. Simmons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
Jun 27, 2018 08:00 AM
Secretary of State

ARTICLE I - Name:

The name of the Limited Liability Company is:

OFKOS LLC

(Must end with 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:

16699 COLLINS AVE. #2506
SUNNY ISLES BEACH, FL 33160

16699 COLLINS AVE. #2506
SUNNY ISLES BEACH, FL 33160

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:

ANNA SHOYKHET
Name

16699 COLLINS AVE. #2506
Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES BEACH FL 33160
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)

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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
MGRM

Name and Address:

CAVIAR WELLNESS LLC
16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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



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.

ANNA SHOYKHET

Typed or printed name of signee