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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ROSTILLO & ASSOCIATES, P.A.
Account Number : I19990003127
Phone : (305) 477-5671
Fax Number : (305) 477-2640

****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.
OCA CONSTRUCTION, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2019 SEP 20 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-11-19

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **OCA CONSTRUCTION, LLC**

ARTICLE II - ADDRESS

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

**7661 NW 107th Avenue # 209
Doral, Florida 33178**

ARTICLE III - STATEMENT OF PURPOSE

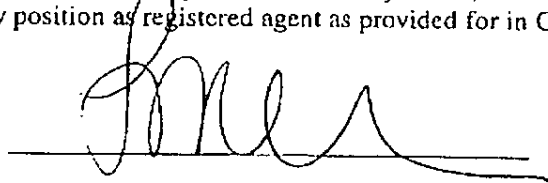
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

**Fabianne Lopes Pereira
6103 NW 116th. Pl # 453
Doral, Florida 33178**

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.



Fabianne Lopes Pereira

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2018 SEP 20 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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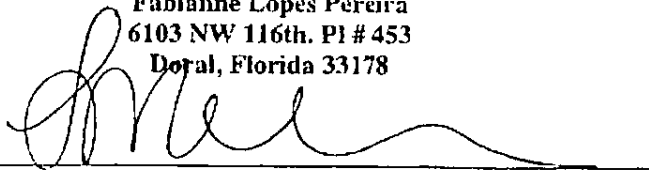
ARTICLE V - MANAGEMENT

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

Name and Address:

-AMBR – Authorized Member

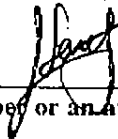
**Fabianne Lopes Pereira
6103 NW 116th. Pl # 453
Doral, Florida 33178**



Signature of a member or an authorized representative of a member

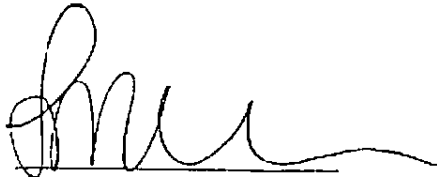
-MGR – Manager

**Fernando Pereira dos Santos
7661 NW 107th Avenue # 209
Doral, Florida 33178**



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State constitutes a third-degree felony as provided for in s.817.155, F.S.)



Fabianne Lopes Pereira

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