

1/2/2020

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 Florida Department of State
 Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
OK GOOD BUSINESS LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

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January 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations
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SUBJECT: OK GOOD BUSINESS LLC
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H12000001024
Letter Number: 320A00000131

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OK GOOD BUSINESS 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:9010 SW 137TH AVE STE 206
MIAMI, FL 33186Mailing Address:9010 SW 137TH AVE STE 206
MIAMI, FL 33186**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:

OSCAR C. KAMBEL

Name

9010 SW 137TH AVE STE 206Florida street address (P.O. Box NOT acceptable)MIAMIFL33186

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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TALLAHASSEE, FLORIDA

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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

Name and Address:MGRM

OSCAR C. KAMBEL
 9010 SW 137TH AVE STE 206
 MIAMI, FL 33186

MGRM

ASTRID N. TIOE-A-ON KAMBEL
 9010 SW 137TH AVE STE 206
 MIAMI, FL 33186

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2020 (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.

OSCAR C. KAMBEL

Typed or printed name of signee

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)