## 1210000/5553

(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:
W20000141950

Office Use Only



400345480954

12/09/29--01881--887 \*\*198.88

2021 JAN -8 AHT1: 29

A July 1



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2020

ROB BRADLEY 7251 AUGUSTA DRIVE FLEMING ISLAND, FL 32003

SUBJECT: OAK CONSULTING LLC.

Ref. Number: W20000141950



We have received your document for OAK CONSULTING LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

James G Harris Regulatory Specialist II

Letter Number: 220A00025171

## **COVER LETTER**

TO: New Filing Section Division of Corpora	itions			
SUBJECT: Oak	. Strate	esieu LLC.		
	Name of Li	mited Liability Company		
The enclosed Articles of Orga	nization and fee(s) a	re submitted for filing.		
Please return all corresponden	ce concerning this m	atter to the following:	2021	
	ob Brad	diey	021 CAT (10	
		Name of Person		
<del></del>		Firm/Company	20	
725	TI Augu	1th Drive		
<del> : :</del>		Address		
Fie,	ming Is	land, FL 320	So.	
10	be clay	land, FL 326 City/State and Zip Code Lawyers. com		
E-mail	l address: (to be used	I for future annual report notificat	ion)	
For further information concern	ing this matter, pleas	e call:		
Reb		904 , 994-	4847	
Name of P		area Code Daytime Telephon	<del></del>	
Enclosed is a check for the foll	lowing amount:			
□\$125.00 Filing Fee Cen	130.00 Filing Fee & rtificate 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 Add		Street Address		
New Filing S Division of C	Section Corporations	New Filing Section Division The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Jak Stra	ategies l	LC.	
	ontain the words "Limited			
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited L	iability Company is:	
Prin	Principal Office Address: Mailing Add		ress:	
7251 A	Lynera Dr.		IAME	
<u>_ 6 ) 6 m 2 5</u>	Tiland, FL 3	2-03		
	- — — <del></del>			
ARTICLE III - Registered A	Agent, Registered Office,	& Registered Agent	's Signature:	
The Limited Liability Compa nother business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. Yo	ou must designate an i	ndividual or
	an active i tortou regionanto			
		,		
The name and the Florida stre	ect address of the registered	l agent are:		
The name and the Florida stre	ect address of the registered	l agent are:		
The name and the Florida stre	ect address of the registered			
The name and the Florida stre	eet address of the registered	Bradley Name	Orive	
The name and the Florida stre	Pet address of the registered  Pet L  7 z 5 1  Florida street address	Name  Angustos (P.O. Box NOT acc	Crive cptable)	
The name and the Florida stre	Pet address of the registered  Pet L  7 z 5 1  Florida street address	Name  Angustos (P.O. Box NOT acc	Orive eptable)	
The name and the Florida stro	Pet address of the registered  Pet L  7 z 5 1  Florida street address	Bradley Name	Crive cptable)  L J Z v v J  Zip	
	Tet address of the registered Per L  Torida street address  City	Name Angusto s (P.O. Box NOT acc  + sland, F  State	Zip	
aving been named as registere	Tet address of the registered  Tet L  Tet L  Florida street address  City  Ed agent and to accept servi	Name  Angusto s (P.O. Box NOT acc  Tiland, F  State  ce of process for the a	Zip bove stated limited liai	bility company at
aving been named as registere ace designated in this certifica other agree to comply with the	Florida street address City  ed agent and to accept service, I hereby accept the appear provisions of all statutes re-	Name  Angusto s (P.O. Box NOT acc  Filed, F  State  ce of process for the a cointment as registered clating to the proper a	Zip bove stated limited liab agent and agree to acount complete performan	t in this capacity. ace of my duties, a
iving been named as registere uce designated in this certifica other agree to comply with the	Florida street address City  ed agent and to accept service, I hereby accept the appear provisions of all statutes re-	Name  Angusto s (P.O. Box NOT acc  Filed, F  State  ce of process for the a cointment as registered clating to the proper a	Zip bove stated limited liab agent and agree to acount complete performan	t in this capacity. ace of my duties, a
The name and the Florida stro aving been named as registere ace designated in this certifica orther agree to comply with the In familiar with and accept the	Florida street address City  ed agent and to accept service, I hereby accept the appear provisions of all statutes re-	Name  Angusto s (P.O. Box NOT acc  Filed, F  State  ce of process for the a cointment as registered clating to the proper a	Zip bove stated limited liab agent and agree to acount complete performan	t in this capacity. ace of my duties. a
aving been named as registere ace designated in this certifica orther agree to comply with the	Florida street address City  ed agent and to accept service, I hereby accept the appear provisions of all statutes re-	Name  Angusto s (P.O. Box NOT acc  Filed, F  State  ce of process for the a cointment as registered clating to the proper a	Zip bove stated limited liab agent and agree to acount complete performan	t in this capacity. ace of my duties, a

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Pob Bradley  7251 Answitz Drive  Freming Island, f.	320	<u>~</u>
mea	Travis Chamings 2098 Selt Myrtlela- Floming Island, FL	.e 320	63
(Use attachment if necessary)			<del></del>
the date of filing.)	ate of filing: John 5, 2021 (OPT specific and cannot be more than five business days of meet the applicable statutory filing requirements, this ent of State's records		
ARTICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:	2-8		
This document is exe I am aware that any fa constitutes a third deg	member of an authorized representative of a member of an authorized representative of a member of a me	rida Stat	utes. State
Ro	Typed or printed name of signee	<b>-</b> •	2021
	Filing Fees: Organization and Designation of Registered Agent )	W	2021 JAT - 8 - IEII: 29
		<u>:</u> .	: 29