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(Re	equestor's Name)	
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5B 7/1/21

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Oaks Projects LLC	
Name of Limited L	iability Company
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Yisroel morde	echai okonov ne of Person
	ojects LLC n/Company
	dgewater Dr #1412
Orlando F	L 32804
	te and Zip Code Ogmail.com
E-mail address; (to be used for fut	
For further information concerning this matter, please call:	21 JUN 29 PH SECRETARY OF PH S
Yisroel m okonov _at (718	) 207 7938 ASB 29  Je Daytime Telephone Number
Name of Person Area Coo	de Daytime Telephone Number 😤 🥹 📗
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$155.00 Filing Fee & S\$160.00 Filing Fee, ertified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, F1, 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	ARTI	ICLE	l - Name
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The name of the Limited Liability Company is:

Oaks Projec	ts LLO	
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(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:	Mailing Address:
1317 Edgewater Dr #1412	1317 Edgewater Dr #1412
Orlando, FL 32804	Orlando, FL 32804
<del></del>	

## 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:

	Randy Milliker	1
	Name	
13	17 Edgewater I	)r
Florida street address	(P.O. Box <u><b>NOT</b></u> :	icceptable)
Orlando	FL.	32804
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 Agont's Signature (REQUIRED)

(CONTINUED)

21 JUN 29 PH IS ILL SEGRETARY OF STATE

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company;

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Viscoal Okanay 656 grown at Brooklyn NV 11313
AMON	Yisroel Okonov 656 crown st Brooklyn NY 11213
	A Construction of the Constitution of the Cons
ate of filing.)  : If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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