. Page: 2 of 5

2022-04-04 13:26:17 GMT

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From: ESQ,title Jodan + Lawyers

4/4/22, 9:20 AM

## Privision of Corporations Division of Corporations

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Account Number : I20210000179 Phone : (305)501-2836 Fax Number : (305)723-0303

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Email Address:Scott Lehman <slehman@eisenberglehman.com>

# R-S M 8:08

### FLORIDA LIMITED LIABILITY CO. OII MANAGEMENT GROUP LLC

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### OH MANAGEMENT GROUP 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:	Mailing Address:	
488 NE 18TH ST UNIT 3900	488 NE 18TH ST UNIT 3900	
Miami, FL 33132	Miami, FL 33132	

#### 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.

EISENBERG LEHMA	AN, PLLC			
	Name			
121 ALHAMBRA PŁAZA, SUITE 1500				
Florida street address (P.O. Box NOT acceptable)				
CORAL GABLES	FL	33134		
City	State	Zîp		

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 dittes and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Scott D. Lehman Date: 2022,04.02 19:19:27 -04'00'

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((11220001213343)))

#### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	IIB 2208 LLC 488 NE 18TH ST UNIT 3900	
	Mianti, FL 33132	
	-	_
AMBR	OE 2208 LLC	
	7121 Layton Dr	
	Springfield, Va 22150	
<del></del>		
	<del></del>	
		<del></del> ·
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da		
(If an effective date is listed, the date must be sthe date of filing.)	pecific and cannot be more than five busines	s days prior to or 90 days after
Note: If the date inserted in this block does not	meet the applicable statutory filing requireme	ents, this date will not be disted as
the document's effective date on the Departmer		r zi
ANTIGUES OF THE COLUMN TO THE		
ARTICLE VI: Other provisions, if any.		
		3 4 4
		# 3 0
REOURED SIGNATURE:		
82	ussama Cl Gllannouni number or an authorized representative of a	
Signature of a r	nember 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.

OUSSAMA EL GUENNOUNI

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)