L22000177756

(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:

Office Use Only



700386485267

2027 APR 26 AM 10: 46



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/26/2022

NAME:

OG INVESTMENTS, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



April 27, 2022

FLORIDA FILING

SUBJECT: OG INVESTMENTS, LLC

Ref. Number: W22000055185

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

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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.

plase keep original file date Thank you!

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00009810

www.sunbiz.org

COVER LETTER

	New Filing Sect Division of Cor						
ettin treci		OG PROPE	RTIES AN	D INVES	TMENT GROUP, LL	.C	
SUBJEC	Name of Limited Liability Company						
The enclo	sed Articles of (Organization and	l fee(s) are	submitted	for filing.		
Please ret	urn all correspo	ndence concerni	ng this matt	er to the fe	ollowing:		
			OLGA	YVETTE	GARCIA		
				Name of	Person		
		OG	PROPERT	IES AND	INVESTMENT GRO	OUP, LLC	
				Firm/Co	npany	· · · · · · · · · · · · · · · · · · ·	
	3521 W 4TH CT						
		 	·	Addro	SS		
			Н	IIALEAH	. FL 33012		
	-			=	l Zip Code		
				 	@msn.com		
	E	-mail address: (t	o be used fo	or future a	mual report notificati	on)	
For further	information cor	cerning this mat	ter, please o	call:			
	Olga Yvette C	arcia	78 at (36	865-73	58	
	Namo	of Person	Are	a Code	Daytime Telephone	e Number	
Enclosed	is a check for th	e following amo	unt:				
□\$125.0	0 Filing Fee	■\$130.00 Fili Certificate of	Status	Certific	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address			Street Address		
		ling Section			New Filing Section Di The Centre of Tallaha		
	P.O. Bo	n of Corporation ox 6327	15		rne Centre of Taliana 2415 N. Monroe Stree		
		ssee, FL 32314			Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. avvicado o o o o o o o o o o o o o o o o o o			
ARTICLE I - Name:			
The name of the Limited Liability Compa	iny is:		2022 APR 26 AM IC
OG PR	OPERTIES AND INVEST	FMENT GROUP, LLC	SECHLIAN, A S TALLAHASSEE.
(Must contain the w	ords "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	3
ARTICLE II - Address: The mailing address and street address of	the principal office of the	Limited Liability Company is:	
Principal Office	Address:	Mailing Add	ress:
3521 W 4TH CT		3521 W 4TH CT	
HIALEAH FL 33012		HIALEAH FL 33012	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot s another business entity with an active Flo	erve as its own Registered		idividual or
The name and the Florida street address of	of the registered agent are:		
	OLGA YVETTE O	GARCIA	
	Name		
	3521 W 4T	н ст	
Floric	la street address (P.O. Box	NOT acceptable)	
HIALI	EAH FL	33012	

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..

City

(CONTINUED)

State

Zip

ARTICLE IV-

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

"AMBR" = Authoriz "MGR" = Manager	ed Member
MOIX - Manager	
MMBR	OLGA YVETTE GARCIA 3521 W 4TH CT HIALEAH FL 33012
	9 SECULIA PO TALLA PO
	APR 26 AM 10: 46
	f other than the date of filing:
Note: If the date inserted in the	on the Department of State's records.
Note: If the date inserted in the	on the Department of State's records.

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)