

22-000267618

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 JUN 14 AM 8:13
LED
DIVISION OF STATE
CORPORATIONS
(1) AMSTERDAM

**FLORIDA LIMITED LIABILITY CO.
OAK ST ME, LLC**

RECEIVED
2022 JUN 14 PM 5:10
DIVISION OF STATE
CORPORATIONS
COMMERCIAL
SERVICES

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DocuSign Envelope ID: 7E5EEC99-29EF-448B-833F-794118264BD4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H22000207183

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oak St ME, 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:

5600 Mariner Street, Suite 140

Tampa, FL 33609

5600 Mariner Street, Suite 140

Tampa, FL 33609

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:

Raymond J. Paul

Name

625 Court Street, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FL

33756

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..

DocuSigned by:

J. Paul Raymond

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

Onicx ME, LLC

5600 Mariner Street, Suite 140

Tampa, FL 33609

2022 JUN 14 AM 8:13
DEPARTMENT OF STATE
ALLAHABAD, INDIA

LEEL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

DocuSigned by:

DHIVANT PATEL

FE4FFED80F004A...

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.

Dhvanit Patel

Typed or printed name of signer

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)

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