

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. OSCA MANAGEMENT LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

From: Yanet Av

ARTICLE	I - Name	
	of the Limited Liability Company is:	
	OSCA MANAGEMENT LLC	
	(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
	H - Address: g address and street address of the principal office of the	Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	6856 W 25 LN	6856 W 25 LN
	HIALEAH, FL 33016	HUALEAH, FL 33016
(The Limite another but	III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered siness entity with an active Florida registration.) and the Florida street address of the registered agent are:	
	OSCAR DURAN	

OSCAR DURAN

Name

6856 W 25 LN

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

HLALEAH FL 33016

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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 SEP 15 PH 12: 3!

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

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## Name and Address:

Title: "AMBR" = Authorized Mer	Name and Address:	
"MGR" = Manager		
AMBR	Oscar Duran	
	6856 W 25 LN	- -
	HIALEAH, FL 33016	_
AMBR	Carolina M. Duran	
	6856 W 25 LN	- -
	HIALEAH, FL 33016	_
		_
		<del>-</del>
		_
		<del>-</del> -
(Use attachment if necessary	v)	
the date of filing.)	e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.	•
ARTICLE VI: Other provisions, if any	·	
· · · · · · · · · · · · · · · · · · ·		<u></u>
<u>REQUIRED</u> SIGNATURE	E:	
	Oscar Duran	
Signa	sture of a member or an authorized representative of a member.	
	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
i am aware i constitutes a	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	
	OSCAR DURAN	
	Typed or printed name of signee	
	Filling Fore:	22
\$125.00 Filing Fee for Ar	Filing Fees: rticles of Organization and Designation of Registered Agent	SEP
\$ 30.00 Certified Copy (		, <del>-0</del> ,

\$ 5.00 Certificate of Status (Optional)