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Division of Corporations

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S. CHATHAM  
NOV - 1 2022

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

Email Address: ORIMART97@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.  
OVC GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OVC GROUP LLC**

(Must end with 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:**5120 Southwest 40th Avenue, Apt 20A  
Fort Lauderdale, FL 33314**Mailing Address:**5120 Southwest 40th Avenue, Apt 20A  
Fort Lauderdale, FL 33314**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:

Oscar Martinez

Name

5120 Southwest 40th Avenue, Apt 20AFlorida street address (P.O. Box **NOT** acceptable)Fort Lauderdale FL 33314

City

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:

Oscar Martinez

Registered Agent's Signature (REQUIRED)

Oscar Martinez

(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

AMBR

**Name and Address:**

Oriana Martinez

5120 Southwest 40th Avenue, Apt 20A  
Fort Lauderdale, FL 33314

AMBR

Gladys Robles

5120 Southwest 40th Avenue, Apt 20A  
Fort Lauderdale, FL 33314

AMBR

Carmen Gabaldon

1550 NE 191st Street, Apt 312  
North Miami Beach, FL 33179

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Oriana Martinez

BAFABCF0F75C478...

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Oriana Martinez

Typed or printed name of signer

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