

L23000012273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

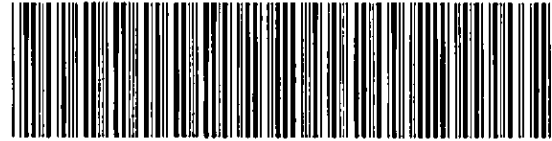
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 JAN 11 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3:42

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160    AMOUNT: 125.00**

AUTHORIZATION: \_\_\_\_\_

**OCTI OPS, LLC**

**Business Name**

  
**Document Number, (if known):**

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait \_\_\_ Photocopy

\_\_\_ **Certified Copy of Articles of Incorporation**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

\_\_\_ **PLLC**

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution

\_\_\_ Merger

\_\_\_ **Conversion**

\_\_\_ **Statement of Revocation of  
Dissolution**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL() \_\_\_

\_\_\_ Other  
**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

**EXAMINER'S INITIALS: \_\_\_\_\_**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCTI OPS, 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:

2520 N. MCMULLEN BOOTH ROAD  
STE B20  
CLEARWATER, FL 33761

Mailing Address:

2520 N MCMULLEN BOOTH ROAD  
STE B20  
CLEARWATER, FL 33761

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:

ACCOUNTING SOLUTIONS FOR BUSINESS, INC..

Name

2451 N. MCMULLEN BOOTH RD, STE 256

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

<u>CLEARWATER</u>	<u>FLORIDA</u>	<u>33759</u>
City	State	Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

*Nancy J Feino*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

ELIZABETH MENG  
2520 N MCMULLEN BOOTH ROAD, B20  
CLEARWATER, FL 33761

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

ALL LAWFUL BUSINESS PURPOSES. LLC.

**REQUIRED SIGNATURE:**



**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.

ELIZABETH MENG

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)**