12/21/23, 10:46 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000434370 3)))



H230004343703ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **O&N** Expert Support LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

1-3	<u> </u>
	12/24/23

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	New Filing Se Division of C					
SUBJEC"	O&N Exp	pert Support LLC				
Struction	··	Nam	e of Lim	ited Liabil	ity Company	
The enclos	sed Articles o	f Organization and f	ee(s) are	submitted	for filing.	
Please retu	ım all corresi	ondence concerning	this mat	ter to the	following:	
	Cheyenne i	Moseley				
				. Name of	Person	
	Legalzoom	.com, Inc.				•
,				Firm/Co	mpany	· ·
	101 N Bran	d Blvd., 11th Floor				
		· · · · · · · · · · · · · · · · · · ·		Addr	ess	
	Glendale C	A 91203				
	oalvaradob@	hotmail.com	Cit	y/State an	d Zip Code	
•		E-mail address: (to b	e used f	or future a	nnual report notifica	tion)
For further is	nformation co	oncerning this matter	, please o	all:		
	Cheyenne M	loseley	323 _at (962-8600	
	Nan	ne of Person		-	Daytime Telephor	ne Number
Enclosed is	a check for (he following amount	t:			
□ \$ 125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	tus	Certifie	i.00 Filing Fee & ed Copy Il copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		;	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallähassee, FL 32314

New Filing Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

CLE I - Name:	
me of the Limited Liability Company is:	
O&N Expert Support LLC	
(Must conatin the words "Limited Liability Con	opany, "L.L.C" or "LLC.")
CLE II - Address: ailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address
Principal Office Address:	Mailing Address:
Principal Office Address: 12037 Fountainbrook Blvd Apt 1728 Orlando, Florida 32825	Mailing Address:
12037 Fountainbrook Blvd Apt 1728	Mailing Address:
12037 Fountainbrook Blvd Apt 1728	d Agent's Signature:

The name and the Florida street address of the registered agent are:

Orlando D Alvarado	Boscan	
	Name	
12037 Fountainbroo	k Blvd Apt 1728	
Florida street addre	ss (Р.О. Вох <u>NOT</u> acc	eptable)
Orlando,	Florida	32825
City	State	7in

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.

Registered Agent's Signature (REQUIRED)

Orlando D Alvarado Boscan

(CONTINUED)

"MGR" = Manager AMBR Orlando D Alvarado Boscan 12037 Fountainbrook Blvd Apt 1728 Orlando, Florida 32825 AMBR Nioves M Gutierrez de Alvarado 12037 Fountainbrook Blvd Apt 1728 Orlando, Florida 32825 Orlando, Florida 32825 (Use attachment if necessary) E V: Effective date, if other than the date of filing:
AMBR Nioves M Gutierrez de Alvarado 12037 Fountainbrook Blvd Apt 1728 Orlando, Florida 32825 Nioves M Gutierrez de Alvarado 12037 Fountainbrook Blvd Apt 1728 Orlando, Florida 32825 (Use attachment if necessary) E V: Effective date, if other than the date of filing:
(Use attachment if necessary) E V: Effective date, if other than the date of filing:
(Use attachment if necessary) E V: Effective date, if other than the date of filing:
(Use attachment if necessary) E V: Effective date, if other than the date of filing:
(Use attachment if necessary) E V: Effective date, if other than the date of filing:
E V: Effective date, if other than the date of filing:
E V: Effective date, if other than the date of filing:
E VI: Other provisions, if any.
REQUIRED SIGNATURE.
REOUIRED 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.
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.
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
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. Cheyenne Moseley, Legalzoom.com, Inc. Typed or printed name of signee
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. Cheyenne Moseley, Legalzoom.com, Inc. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
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. Cheyenne Moseley, Legalzoom.com, Inc. Typed or printed name of signee Filing Fees: