(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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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
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PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)  (Document Number)
(Document Number)
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### ARTICLES

OF

#### **ORGANIZATION**

#### **FOR**

# FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Oomori 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:**

2669 South Bayshore Drive, # 1801N, Miami, Florida 33133

# **Mailing Address:**

PO Box 830726 Miami, FL 33283

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign

CA Corporate Services Inc. 14231 SW 78 Street Miami, FL 33173

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)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"AR" = Authorized Representative	
MGR	
MGR	Samuel Tcherassi, Jr
	2669 South Bayshore Drive, # 1801N, Miami, Florida 33133
MGR	Jose Tcherassi
	2669 South Bayshore Drive, # 1801N, Miami, Florida 33133

ARTICLE V:

Effective date: Date of filing:

# 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.

International Wealth-Planning Solutions LLC

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE