

# L95000000824

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

95 OCT 30 AM 10 02

DIVISION OF CORPORATIONS

RECEIVED OCM Group, LLC.

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 30 AM 10:24

AL OCT 30 1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>AAK</u>	_____	_____	_____

WALK-IN  
Will Pick Up 10/30 1100

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File <u>organization</u>		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) <del>Corp.</del> Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S- <u>000001625920</u>		
Fictitious Name File <u>-11/02/95--01022--008</u>		
	****250.00	****250.00
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( ) _____		
Top Priority		
Express Mail Prep.		
FAX ( ) _____ pgs.		
<b>SUBTOTALS</b> _____		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

ARTICLES OF ORGANIZATION  
OF  
A LIMITED LIABILITY COMPANY  
KNOWN AS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 30 AM 10:24

OCM GROUP, L.C.

ARTICLE I - NAME

The name of this Company is OCM GROUP, L.C., a Florida limited liability company.

ARTICLE II - DURATION

This Company shall have a duration of thirty (30) years from the date of filing of these Articles of Organization with the Florida Department of State. However, the duration can be extended by agreement among the members, but shall not have a perpetual existence.

ARTICLE III - PURPOSE

This Company is organized for the purpose of transacting any or all lawful business for which a limited liability company may be organized pursuant to Chapter 608, Florida Statutes, as now exists or may after be amended.

ARTICLE IV - PLACE OF BUSINESS

The street address of the place of business of this Company is c/o Luis A. Alvarez, 6800 S.W. 40th Street, Suite 455, Miami, Florida 33155.

ARTICLE V - INITIAL REGISTERED OFFICER AND AGENT

The street address of the initial registered office of this company is 6800 S.W. 40th Street, Suite 455, Miami, Florida 33155, and the name of the initial registered agent of this corporation at that address is LUIS A. ALVAREZ.

#### ARTICLE VI - CONTRIBUTIONS

The total amount of cash and other property contributed by the members of this Company are as follows:

<u>NAME OF MEMBER</u>	<u>CONTRIBUTION</u>
LUIS A. ALVAREZ FAMILY, L.C. 6800 S.W. 40th Street Suite 455 Miami, Florida 33155	See Exhibit "A" attached hereto.
MARCEL DERAY 6800 S.W. 40th Street Suite 455 Miami, Florida 33155	See Exhibit "A" attached hereto.
TREVOR RESNICK 6800 S.W. 40th Street Suite 455 Miami, Florida 33155	See Exhibit "A" attached hereto.

No other additional contributions have been agreed to be made or required at this time.

#### ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The admission of additional members is restricted. Refer to the Operating Agreement for the requirements for the admission of additional members.

#### ARTICLE VIII - CONTINUATION OF COMPANY

The continuation of the Company is controlled by the provisions of the Operating Agreement. Refer to the Operating Agreement for the provisions regarding continuation of the Company.

#### ARTICLE IX - MANAGEMENT

This Company shall be managed by LUIS A. ALVAREZ, MARCEL DERAY and TREVOR RESNICK who are hereby irrevocably appointed as Managers of the Company and shall have all right and authority to act for and on behalf

of the Company and all of its Members. The Managers shall continue to operate the Company in accordance with the provisions of the Operating Agreement.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization on this 25 day of October, 1995.

LUIS A. ALVAREZ FAMILY, L.C.,

By: [Signature]  
LUIS A. ALVAREZ, Manager

[Signature]  
MARCEL DERAY

[Signature]  
TREVOR RESNICK

STATE OF FLORIDA

COUNTY OF DADE

)  
) ss.

The foregoing instrument was acknowledged before me this 25 day of October, 1995 by LUIS A. ALVAREZ as Manager of LUIS A. ALVAREZ FAMILY, L.C., a Florida limited liability company; MARCEL DERAY; and TREVOR RESNICK; who are personally known to me or produced \_\_\_\_\_ as identification and who did (did not) take an oath.

IN WITNESS WHEREOF, We have set our hands and seals in the State and County above, this 25th day of October, 1995.

[Signature]  
NOTARY PUBLIC, State of Florida  
at Large

My Commission Expires:



MERCEDES CAZOBON  
MY COMMISSION # CC357529 EXPIRES  
March 20, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

**EXHIBIT A - CONTRIBUTIONS**

The following are the contributions by each of the members of the OCM GROUP, L.C.:

1. Cash or real property in the amount of \$300,000.00 contributed as follows:

LUIS A. ALVAREZ FAMILY, L.C.	\$ 100,000.00
MARCEL DERAY	\$ 100,000.00
TREVOR RESNICK	\$ 100,000.00

The ownership interest in the OCM GROUP, L.C. is as follows:

LUIS A. ALVAREZ FAMILY, L.C.	33 1/3 %
MARCEL DERAY	33 1/3 %
TREVOR RESNICK	33 1/3 %

3 MJD

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR  
SERVICE OF PROCESS WITHIN THE STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 30 AM 10:24

In compliance with Sections 48.091 and 608.415, Florida Statutes,  
the following is submitted:

THAT OCM GROUP, L.C., a Florida limited liability company,  
desiring to organize or qualify under the laws of the State of Florida,  
with its principal place of business at 6800 S.W. 40th Street, Suite  
455, Miami, Florida, has named LUIS A. ALVAREZ at 6800 S.W. 40th  
Street, Suite 455, Miami, Florida 33155, as its agent to accept service  
of process within Florida.

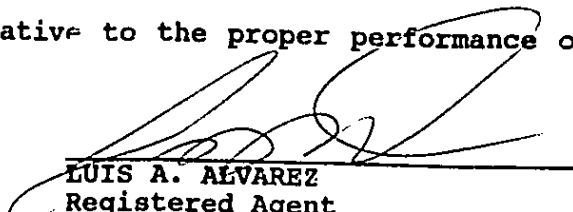
Dated: October 25, 1995.

  
\_\_\_\_\_  
LUIS A. ALVAREZ, Manager

  
\_\_\_\_\_  
MARCEL DERAY

  
\_\_\_\_\_  
TREVOR RESNICK

Having been named to accept service of process for the above named  
company, at the place designated in this Certificate, I hereby accept  
to act in this capacity, and I further agree to comply with the  
provisions of all statutes relative to the proper performance of my  
duties.

  
\_\_\_\_\_  
LUIS A. ALVAREZ  
Registered Agent


**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 30 AM 10:24

The undersigned member or authorized representative of a member of \_\_\_\_\_  
OCM GROUP, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 300,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0.00. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 300,000.00. This total includes amounts from 2 and 3 above.

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affi . . .

**FILE NOW: Fee after May 1, will be \$263.75**

**FILED**  
**96 MAY 30 AM 9:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY**  
**ANNUAL REPORT**  
**1996**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILING FEE**  
**\$ 238.75**

**Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee**  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

**1. Name and Mailing Address**  
**of Limited Liability Company**

**DOCUMENT #L95000000824**

**OCM GROUP, L.C.**  
**6800 S.W. 40TH STREET, SUITE 455**  
**MIAMI FL 33155**

**1a. Principal Place of Business Address**

**6800 S.W. 40TH STREET, SUITE**  
**MIAMI FL 33155**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

**2. Principal Place of Business**

**2a. Mailing Address**

**3. Date Organized or Qualified**  
**10/30/1995**

**3a. State of Formation**  
**FL**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**4. FEI Number**

**65-0623185**

☐ **Applied For**

☐ **Not Applicable**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**5. Date of Last Report**

**6. Certificate of Status Desired**

NA To Add/Remove From Here

**7. Name and Address of Current Registered Agent**

**8. Name and Address of New Registered Agent**

**ALVARES, LUIS A**  
**6800 S.W. 40TH STREET, SUITE 455**  
**MIAMI FL 33155**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**Suite, Apt. #, etc.**

**City**

**\*\*\*\*\*1-852-851**

**-06/06/96--01012--002**

**\*\*\*\*272.55 \*\*\*\*272.55**

**FL**

**9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.**

**SIGNATURE**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

**DATE**

**10. Title**

**Managing Members/Managers**

**Business Street Address**

**City, State and Zip Code**

**MGR ALVAREZ, LUIS A**

**6800 S.W. 40TH STREET, SUI MIAMI FL**

**MGR DERAY, MARCEL**

**6800 S.W. 40TH STREET, SUI MIAMI FL**

**MGR RESNICK, TREVOR**

**6800 S.W. 40TH STREET, SUI MIAMI FL**

**\*\*\*\*\*1-852-851**  
**-06/06/96--01012--002**  
**\*\*\*\*272.55 \*\*\*\*263.55**

**11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #