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Ed Tribble
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P.O. Box 11144

(Address)

Tallahassee, FL 32302-3144

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(Phone #)

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OFFICE USE ONLY *****85.00 *****85.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ORINOCO PARTNERS, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 JAN 20 AM 10:
DIVISION OF CORPORATIONS
109-395
1-28

Name	_____
Availability	_____
Document	_____
Examiner	_____
Updater	_____
Updater	_____
Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____
Examiner's Initials	_____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 20, 1999

ED TRIBBLE
FL INFORMATION ASSOCIATES

SUBJECT: ORINOCO PARTNERS, LLC
Ref. Number: W99000001474

We have received your document for ORINOCO PARTNERS, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least one member; (2) the actual amount of cash contributions; (3) the agreed value and a description of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 899A00002658

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JAN 20 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Organization

of

ORINOCO PARTNERS LLC

Pursuant to section 608.407, Florida Statutes

1. The name of the limited liability company is: **ORINOCO PARTNERS LLC**

2. The mailing address and street address of the principal office of the Limited Liability Company is:

**Spears Leads & Kellog
5550 Glades Road-Suite 305
Boca Raton, Florida 33431**

3. The period of duration for the Limited Liability Company shall be:
December 31, 2029

4. The Limited Liability Company is to be managed by a member or members and the names and addresses of such members is as follows:

**Robert Altman
185 East 85th Street APT. #17H
New York, NY 10028**

**Ethan Weitz
185 East 85th Street APT. #17H
New York, NY 10028**

5. The names or the business, residence or mailing address of the managers is as follows:

**Robert Altman
185 East 85th Street APT. #17H
New York, NY 10028**

**Ethan Weitz
185 East 85th Street APT. #17H
New York, NY 10028**

IN WITNESS WHEREOF, this certificate has been subscribed this **10th** day of **January 1999**, by the undersigned who affirms that the statements made herein are true under the penalties of perjury.



**Robert Altman
Representative member of
ORINOCO PARTNERS, LLC**

FILED
JAN 20 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of ORINOCO PARTNERS, LLC
_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 0.

Robert Altman
Signature of a member or an 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.)

Robert Altman

Typed or printed name of signee

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99 JAN 20 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ORINOCO PARTNERS, LLC

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

SPEARS LEADS & KELLOGG
NAME

5550 GLADES ROAD - SUITE 305

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

BOCA RATON FL 33431

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent