

L99000006204

Olivier Monad

Requestor's Name

82 Sixth Street

Address

Apalachicola, FL 32320

City/State/Zip

Phone #

850.927.2625

FILED

99 SEP 29 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. ~~ABC H&R REALTY MORTGAGE~~
(Corporation Name) (Document #)
2. Oak Woodrising Corporation, LLC
(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	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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****337.50 ****337.50

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9/30



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 29, 1999

OLIVER MONAD
82 SIXTH STREET
APALACHICOLA, FL 32320

SUBJECT: OAK WOODRISING CORPORATION, LLC
Ref. Number: W99000022536

We have received your document for OAK WOODRISING CORPORATION, LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$337.50 payment.

ALSO, please note that the word CORPORATION cannot be used in the name of an Limited Liability Company.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 099A00047627

LAW OFFICES OF SHULER & SHULER
Post Office Drawer 850
Apalachicola, Florida 32329
Telephone Number:(850) 653-9226
Facsimile Number:(850) 653-3382

Alfred O. Shuler
J. Gordon Shuler
Thomas M. Shuler

FACSIMILE COVER SHEET

ATTENTION: Karen Beyer
LOCATION: _____
FACSIMILE NUMBER: 850-487-6013
FROM/OFFICE: Michael Shuler
NAME OF DOCUMENT: Articles Organization
DATE: 9-30-99
TIME: 11:35
TOTAL NUMBER OF PAGES (Including Cover Sheet): 04
MESSAGE:
Please file immediately & return evid. of filing to
me.

Please call immediately if all pages are not received or are not legible.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION, INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE.
Thank you.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oak Woodrising Corporation, LLC

ARTICLE II - Address:

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

82 Sixth Street
Apalachicola, Florida 32320

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Roderick Boyd Monod
31 Avenue Duquesne
75 007 Paris

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted upon majority vote.

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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:

Remaining members of this limited liability company may 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 in the limited liability company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Oak Woodring Corporation, 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 \$ 65,000.00 .


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.)

Antoine Schaller, President of KAMAYA HOLDING SA

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

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SECRETARY OF STATE

**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: Oak Woodrising Corporation, LLC

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

OLIVIER

Olivia Monod

NAME

82 Sixth Street

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

Apalachicola, FL 32320

CITY, STATE AND 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.*

PLEASE
SIGN--▶

Olivia Monod
OLIVIER

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent