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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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03/26/04--01035--019 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OTTOgnosis, LLC

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

OTTOgnosis, LLC

OTTOgnosis, LLC

16293 Enclave Village Drive

16293 Enclave Village Drive

Tampa, Florida 33647

Tampa, Florida 33647

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Bennett C. Sandick

Name

10295 St. Patrick Lane

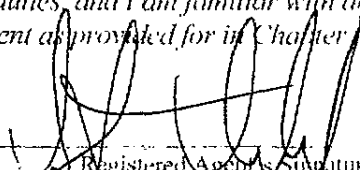
Florida street address (P.O. Box NOT acceptable)

Bonita Springs

FLORIDA 34135

City, State, and Zip

*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 608, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

Philip A. Sandick  
5928 Lerner Hall  
New York, NY 10027

MGRM

Ricky D. Otto  
16293 Eclave Village Drive  
Tampa, FL 33647

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Philip A. Sandick

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)