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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118 Phone : (305)774-9606 Fax Number : (305)774-9660

**Enter the email address for this business entity to be used for future:
annual report mailings. Enter only one email address please.**

Email Address: Castellanos orlando 83 @ quail. com

FLORIDA LIMITED LIABILITY CO. OACN CONTRACTORS, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF OACN CONTRACTORS, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

OACN CONTRACTORS, LLC

ARTICLE II - ADDRESS:

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

PRINCIPAL ADDRESS: 4

* 4450 NW 203 Terrace

Miami Gardens, FL 33055

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

The Registered Agent designated is: ORLANDO ARIEL CASTELLANOS-NUNEZ

4450 NW 203 Terrace Miami Gardens, FL 33055

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.

ARTICLE IV - Management/Member(s):

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

TITLE:

NAME AND ADDRESS

MGR

ORLANDO ARIEL CASTELLANOS-NUNEZ 4450 NW 203 Terrace

Miami Gardens, FL 33055

ORLANDO ARIEL CASTELLANOS-NUNEZ

Manager

(In accordance with section 605.0201, Florida Statutes.)
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)