

LO4000057762



600038875226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 PM 2:27

FILED

EFFECTIVE DATE
8/20/04

04 AUG -4 PM 1:13
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

8/20/04

ACCOUNT FILING COVER SHEET

FILED
04 AUG -4 PM 2:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Account Number: 0721-00000-307

Reference: 3351
(Sub Account)

Date: 8-4

Requestor Name: Attorneys' Title Insurance Fund, Inc.
Address: 1965 Capital Circle NE
Tallahassee, Florida 32308
Telephone: 850-222-2785
Contact: Barbara Keys

Corporation Name: Brean Breager LLC

Document Number: _____
(If Applicable)

Authorization: Barbara Keys

XXV Certified Copy (1-9)
NO ~~XX~~ Certificate of Status (1-9)
Plain Stamped Copy

____ Call When Ready
XX Walk In
____ Mail Out

____ Call if Problem
____ Will Wait

____ After 2:30
XX Pick Up

**ARTICLES OF ORGANIZATION
FOR
OCEAN'S BREEZE, L.L.C.**

EFFECTIVE DATE
8/20/04
FILED
04 AUG -4 PM 9:27
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Organization, being a natural person competent to contract, hereby subscribe to and form a Limited Liability Company, for profit, under the laws of the State of Florida.

ARTICLE I

The name of the Limited Liability Company is: *Ocean's Breeze, L.L.C.*

ARTICLE II

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

Principal Office Address

370 15th Avenue South Suite C
Jacksonville Beach, Florida 32250

Mailing Address


370 15th Avenue South Suite C
Jacksonville Beach, Florida 32250

ARTICLE III

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

Hiten Kisanad
370 15th Avenue South Suite C
Jacksonville Beach, Florida 32250

Having been named as registered agent 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.



HITEN KISNAD

ARTICLE IV

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


Hiten Kisnad
370 15th Avenue South Suite C
Jacksonville Beach, Florida 32250

ARTICLE V

This Limited Liability Company may engage in any and all activity or business for which a Limited Liability Company may be organized under the present laws of the State of Florida and such other activity or business for which they may be incorporated under the future laws of the State of Florida.

ARTICLE VI

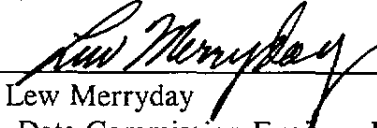
The effective date of this Florida Limited Liability Company is August 20, 2004.




HITEN KISNAD

STATE OF FLORIDA
COUNTY OF PUTNAM

Sworn to (or affirmed) and subscribed before me this July 21, 2004, by Hiten Kisnad.

Signature of Notary Public: 

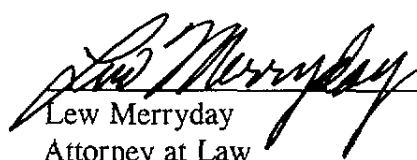
Print, Type or Stamp Commissioned Name: Lew Merryday

 Lew Merryday
My Commission DD229295
Expires July 06, 2007

Commission #: DD229295. Date Commission Expires: July 6, 2007.

(Check one) Personally known or produced identification

Type of Identification Produced: Fla. Driver's license: K253-338-58-044-0



Lew Merryday
Attorney at Law
425 North Palm Ave.
Palatka, Florida 32177
(386) 328-8306 or 328-8307
Fax: 386-325-8086
E-mail: Gatorlew@Bellsouth.net
Florida Bar Number 119917

**OCEAN'S BREEZE, L.L.C.
DESIGNATION OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of F. S. 607.0501, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name, street and mailing address of the corporation is Ocean's Breeze, L.L.C., 370 15th Avenue South, Suite C, Jacksonville Beach, Florida 32250.
2. The name and address of the registered agent Hiten Kisnad, 370 15th Avenue South Suite C, Jacksonville Beach, Florida 32250.
3. The street and mailing address of the registered office is 370 15th Avenue South, Suite C, Jacksonville Beach, Florida 32250.

ACCEPTANCE

Having been named as registered agent and designated to accept service of process for the above corporation, 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.



Hiten Kisnad