

L12000102524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

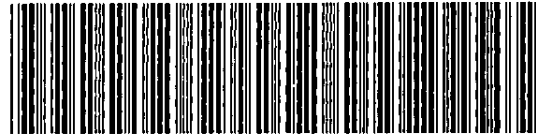
MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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08/17/12--01037--008 \*\*125.00

12 AUG - 8 AM 11: 47

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DIVISION OF CORPORATIONS

**B. KOHR**  
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AUG 22 2012  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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July 24, 2012

MAGUY CAMINITI  
OCEAN FRONT SENIOR LIVING  
1925 NORTH HIGHWAY A1A  
INDIALANTIC, FL 32903

SUBJECT: OCEAN FRONT SENIOR LIVING LLC  
Ref. Number: W12000038868

Please note that NO PAYMENT was received with this application, and that NO PAYMENT has been retained.

Please resubmit your Articles of Organization with a check for at least \$125.00 to cover the required filing fee.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 112A00019434

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEAN FRONT SENIOR LIVING LLC  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGUY CAMINITI  
Name of Person

OCEAN FRONT SENIOR LIVING  
Firm/Company

1935 N. HWY A1A  
Address

INDIALANTIC FL 32903  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGUY CAMINITI at ( 321 ) 666 622 5210  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OCEAN FRONT SENIOR LIVING LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1935 N. HWY A1A  
INDIALANTIC FL 32903

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MAGUY CAMINITI

Name

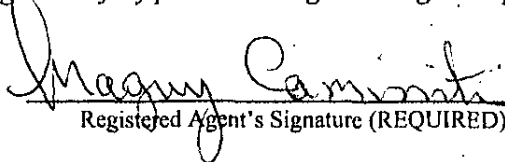
1935 N HWY A1A

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

INDIALANTIC FL 32903

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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RICHARD CAMINITI  
1935 N. HWY A1A  
INDIALANTIC FL 32903

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RICHARD CAMINITI

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)