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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	OCEANFRONT REAL EST	TATE LIMITEI	D,LLC	
5000		f Limited Liabi	lity Company	<del></del>
The end	closed Articles of Organization and fee	s) are submitted	i for filing.	
Please r	eturn all correspondence concerning th	is matter to the	following:	
	ALAN LEISER C/O MARC HAU	JSER		
		Name of	Person	
	HAUSER&HAUSER,PLLC			
		Firm/Co	ompany	<u> </u>
	1111 KANE CONCOURSE (#616	5)		
	· · · · · · · · · · · · · · · · · · ·	Addı	ress	<del> </del>
	BAY HARBOR ISLANDS,FL. 33	154		
	leiser.alan@arlei.com	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	annual report notification	on)
For further	er information concerning this matter, p	lease call:		
	Marc Hauser	305 t (	864-9934	·
	Name of Person	Area Code	Daytime Telephone	Number
Enclose	d is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	Certifi	00 Filing Fee & ed Copy al 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 Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end	with the words "Limited	D,LLC	
	With the Words Billine	d Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Lin	nited Liability Company is:
Principa	al Office Address:		Mailing Address:
16699 Collins Ave.(#	±1203)		16699 Collins Ave.(#1203)
Sunny Isles Beach,Fl			Sunny Isles Beach,Fl 33160
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration	Registered Agon.)	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered	Registered Agon.)	Agent's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration	Registered Agon.)	Agent's Signature:
ARTICLE III - Registered Age	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered	Registered Agon.) d agent are:	Agent's Signature:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered Marc Hauser, Esq.	Registered Agon.) I agent are: Name	Agent's Signature: ent. You must designate an individual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered Marc Hauser, Esq.	Registered Agon.) I agent are: Name	Agent's Signature: ent. You must designate an individual or

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager  AMBR  Oceanfront Real Estate Limited  Sea Meadow House POBox 116 Blackburne Hwy  Road Town Tortola, British Virgin Islands  (Use attachment if necessary)  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:	Title:	Name and Address:
Coeanfront Real Estate Limited Sea Meadow House POBox 116 Blackburne Hwy Road Town Tortola, British Virgin Islands  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  E. V.: Effective date, if other than the date of filing:  (OPTIONAL.)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOLURED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  ALAN LEISER  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member	
Sea Meadow House POBox 116 Blackburne Hwy Road Town Tortola, British Virgin Islands  (Use attachment if necessary)  Le V: Effective date, if other than the date of filing:  (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  Le VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  ALAN LEISER  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<del>_</del>	
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\$ 30.00 Certified Copy (Optional)	Rective date is listed, the date must be spet of filing.)  If the date inserted in this block does not mument's effective date on the Department of the United States of the Department of the United States of the Department of the United States of the United Sta	mber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
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ARTICLE IV-

Page 2 of 2