

Florida Department of State

Division of Corporations

**L21000097805**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : KALEEL & ASSOCIATES  
Account Number : I20000000253  
Phone : (561)279-4201  
Fax Number : (561)278-9462

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

Email Address: oceanridgepm@gmail.com

FLORIDA LIMITED LIABILITY CO.  
207 S. SEACREST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
2021 MAR 15 PM 12:02  
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2021 MAR 15 PM 2:34  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

\* Note \* Registered Agent is a law firm signed by Principal attorney

3/16/21

**ARTICLES OF ORGANIZATION**

**OF**

**207 S. SEACREST , LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be **207 S. SEACREST , LLC** ("Company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:

Mailing Address:

217 N. SEACREST AVE, UNIT 945  
BOYNTON BEACH, FL 33425

P.O. Box 945  
BOYNTON BEACH, FL 33425

**ARTICLE III – INITIAL REGISTERED OFFICE  
AND REGISTERED AGENT & REGISTERED AGENT SIGNATURE:**

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

KENNETH M. KALEEL, P.A.  
54 NE 4<sup>th</sup> Avenue  
Delray Beach, FL 33483

*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.*

KENNETH M. KALEEL, P.A.

BY: \_\_\_\_\_

Kenneth M. Kaleel, Esq.  
Registered Agent

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2021 MAR 15 PM 2:34  
STATE OF FLORIDA

**ARTICLE IV - MANAGEMENT**

The names and address of each person authorized to manage and control the Limited Liability Company:

NAME AND ADDRESS

TITLE:

Michael Dubose  
217 N. SEACREST AVE, UNIT 945  
BOYNTON BEACH, FL 33425

Manager

**ARTICLE V -- DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual.

**ARTICLE VI — ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

**ARTICLE VII-- MEMBERS' RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by unanimous vote of all the remaining members.

**ARTICLE VIII - INDEMNIFICATION**

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager or former member or manager to the full extent permitted under the Act.

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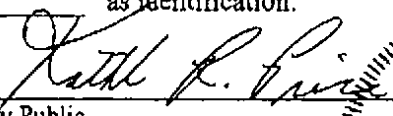
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



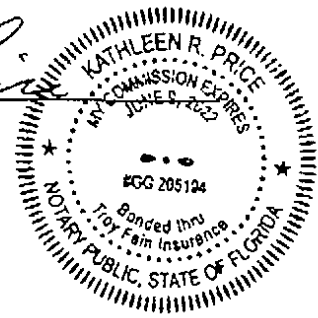
MICHAEL DUBOSE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 10 day of March, 2021 by MICHAEL DUBOSE, who is personally known to me or who has \_\_\_\_\_ as identification.



Notary Public  
My commission expires:  
(Seal)



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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA