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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

AL

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

FIVE OCEANS DIMENSION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIVE OCEANS DIMENSION, LLC

ARTICLE II - Address:

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

**1440 JOHN F KENNEDY CAUSEWAY, #321
NORTH BAY VILLAGE, FL. 33021**

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

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

CLIFFORD Y PIERCE, CPA

1440 JOHN F KENNEDY CAUSEWAY #301

NORTH BAY VILLAGE, FL 33141
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.

Clifford Y Pierce
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Francisco Ferreras
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.)

FRANCISCO FERRERAS

Typed or printed name of signer

NOV 8 2008
DIVISION OF STATE
CORPORATIONS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FIVE OCEANS DIMENSION, LLC

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

CLIFFORD Y PIERCE

NAME

1440 JOHN F KENNEDY CSWY. #301

Florida street address (P. O. Box NOT ACCEPTABLE)

NORTH BAY VILLAGE, FL. 33141

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FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
00 FEB -0 PM 3:00

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Clifford Y Pierce

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent