Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES

Account Number : I19990000034 Phone : (954)565-7723 Fax Number : (954)568-6771

AL

LIMITED LIABILITY COMPANY

OCEAN GROVE ENTERTAINMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ENTERNS

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ARTICLES OF ORGANIZATION

OF

OCEAN GROVE ENTERTAINMENT, LLC.

ARTICLE ONE NAME

The name of the limited liability company shall be OCEAN GROVE ENTERTAINMENT, LLC.

ARTICLE TWO PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is 5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company. The name and address of the manager of this company will be Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

Signed by member

or an authorized representative of a member

Anson Klinger

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.

Signed Anson Klinger

Registered Agent

Dated

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