

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 224-1222

L000000004199

3 and S Ocean Partners, LLC

300003205939--7
-04/12/00--01048--033
****125.00 ****125.00

L00-4199
OK 4/12
OK
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OK

Signature _____

Requested by: LM 4/12 10:51

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- FILED
00 APR 12 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ____ Art of Inc. File _____
 - ____ LTD Partnership File _____
 - ____ Foreign Corp. File _____
 - ✓ Cert. L.C. File _____
 - ____ Fictitious Name File _____
 - ____ Trade/Service Mark _____
 - ____ Merger File _____
 - ____ Art. of Amend. File _____
 - ____ RA Resignation _____
 - ____ Dissolution / Withdrawal _____
 - ____ Annual Report / Reinstatement _____
 - ✓ Cert. Copy _____
 - ____ Photo Copy _____
 - ____ Certificate of Good Standing _____
 - ____ Certificate of Status _____
 - ____ Certificate of Fictitious Name _____
 - ____ Corp Record Search _____
 - ____ Officer Search _____
 - ____ Fictitious Search _____
 - ____ Fictitious Owner Search _____
 - ____ Vehicle Search _____
 - ____ Driving Record _____
 - ____ UCC 1 or 3 File _____
 - ____ UCC 11 Search _____
 - ____ UCC 11 Retrieval _____
 - ____ Courier _____
- RECEIVED
00 APR 12 AM 11:49
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES OCEAN PARTNERS, L.L.C.

ARTICLE II - Address:

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

1045 Hillside Drive

APT 19-B

Hillside Beach, Florida 33062

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

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

LYNN E. SAARINEN

Name

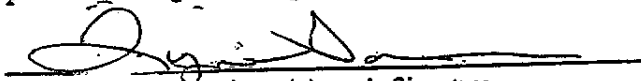
1045 Hillside Drive APT 19-B

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

Hillside Beach FL 33062

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

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)


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.)

LYNN E. SAARINEN

Typed or printed name of signer

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 APR 12 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA