

# L04000010275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

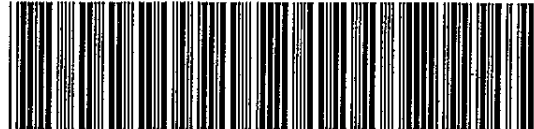
(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ① Ocean3501, LLC ③ Ocean2501, LLC  
② Ocean3101, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonya Schefer  
(Name of Person)

(Firm/Company)

19111 Collins Ave Apt 1105  
(Address)

Miami, FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonya Schefer at 305, 466-16901  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ocean3501, LLC

**Article II - Address:**

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

18911 Collins Ave  
Apt 2207  
Sunny Isles, FL 33160

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

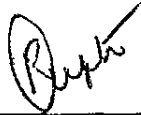
The name and the Florida street address of the registered agent are:

Rajan Gupta  
Name

17555 Collins Ave, Apt 2301  
Florida street address (P.O. Box NOT acceptable)

Sunny Isles, FL 33160  
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 / Members**

The name(s) and address(es):

Prithwijit Patrick Basu (MGRM)

Pina Basu (MGRM)

18911 Collins Ave  
Apt 2207  
Sunny Isles, FL  
33160

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**ARTICLE V - 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.)



Typed or printed name of signee

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