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2004 JUL 29 P 4 21

SECRETARY OF STATE

(Requestor's Name) TALLAHASSEE, FLORIDA

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 JUL 29 P 4: 21

SUBJECT: OCEANVIEW PARTNERS, LLC SECRETARY OF STATE
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

THOMAS NORMAN
(Name of Person)

OCEANVIEW PARTNERS, LLC
(Firm/Company)

131 VIA FLORENZA
(Address)

PALEMBACH GARDEN FL 33483
(City/State and Zip/Code)

For further information concerning this matter, please call:

GAIL CASARE at (561) 809 6299
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED

2004 JUL 29 P 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oceanview Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

131 Via Florenza
Palm Beach Gardens
FL. 33418

Mailing Address:

to same

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

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

THOMAS V. NOONAN
Name
131 VIA FLORENZA, PALM BEACH GARDENS
Florida street address (P.O. Box NOT acceptable)
FL. 3341
FLORIDA
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, Florida Statutes..

Thomas V. Noonan
Registered Agent's Signature

FILED

2004 JUL 29 P 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LESLIE PHILIP

40 TIFFANY CIRCLE

MANHASSET NY 11030

MGRM

GAIL CASANO

100 N. OCEAN BLVD

DELRAN BCH, FL 33483

MGRM

THOMAS V. NOONAN

131 V.A. FLORENZA

RSB, FL. 33418

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

LESLIE PHILIP

Typed or printed name of signee

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 JUL 29 P 4: 21


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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THOMAS V. NOONAN

Typed or printed name of signee

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 JUL 29 P 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

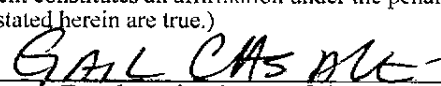
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