

NOV-02-2004 11:30

W040000 79432

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000218418 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : I19990000101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

RECEIVED

04 NOV -2 PM 12:06

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Pacific Ocean, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV -2 AM 9:02

FILED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

W04-79432  
TC

(H04000218418 3)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Pacific Ocean, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

16 Ocean Drive  
Jupiter, FL 33469

#### Mailing Address:

16 Ocean Drive  
Jupiter, FL 33469

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

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

Robert Lee Shapiro

Name

2401 PGA Boulevard, Suite 272

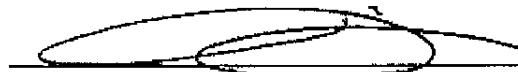
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens

FL

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

(CONTINUED)

FILED  
NOV 02 11:30  
STATE  
OF 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:**MGRMLori Jacobs16 Ocean DriveJupiter, FL 33469        

(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.)

Robert Lee Shapiro, Authorized Representative

Typed or printed name of signer

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

04 NOV -2 PM 9:02  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA