

L04000094421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

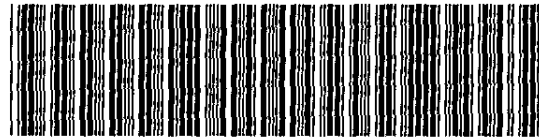
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W
(12/30/04

ACCOUNT FILING COVER SHEET

Account Number: 0721-00000-307

Reference: 5377
(Sub Account)

Date: _____

Requestor Name: Attorneys' Title Insurance Fund, Inc.
Address: 1965 Capital Circle NE
Tallahassee, Florida 32308

Telephone: 850-222-2785
Contact: Barbara Keys

Corporation Name: _____

Document Number: _____
(If Applicable)

Authorization: C. W. [Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 30 PM 2:08

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- Certified Copy (1-9)
- Certificate of Status (1-9)
- Plain Stamped Copy

XXX FILING

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 2:30
- Pick Up

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- OCEAN 4, LLC

2-

3-

4-

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

Examiner's Initials

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

Article I.
Name:

The name of the Limited Liability Company is: **OCEAN 4 LLC.**, a Florida Limited Liability Company.

Article II.
Address:

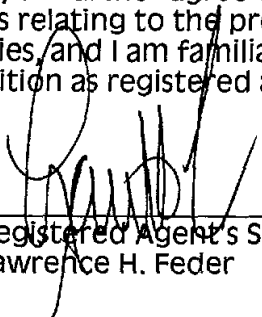
The mailing address and street address of the principal office of the Limited Liability Company is: **c/o Lawrence H. Feder, Esq. at 3900 Hollywood Blvd. Suite 103, Hollywood FL 33021**

Article III.

Registered Agent, Registered Agent's Signature:

The name and the Florida street address of the limited liability company's registered agent: **Lawrence H. Feder, Esq. at 3900 Hollywood Blvd. Ste 103 Hollywood, FL 33021.**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the price 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 F.S.



Registered Agent's Signature
Lawrence H. Feder

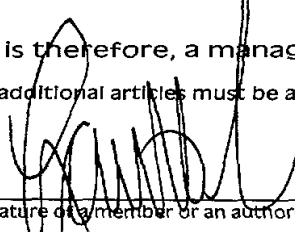
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Article IV.
Management:

This Limited Liability Company is to be managed by one or more

managers and is therefore, a manager managed company.

(An additional articles must be added if an effective date is requested)



Signature of a member or an authorized representative of a member

Lawrence H. Feder

Typed or printed name