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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocan Talent Management, UC (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:
(Name of Person)
Ocean Tolent Manggement, LC (Firm/Company)
8096 NW 96th Terrall # 107
19MARAC FL 33321 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (984) 215 3693  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  S125.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
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:
I Clan Talent Management, LC
ARTICLE II - Address: The mailing address and street address of the name levil of the Limited Liebility Commencies.
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9094 NW 96th Terrace guge NW 96th Kerrace
TAMARACIA 33371 TAMARACIA 33371
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
3096 NW 96th Farme, #107
Florida street address (P.O. Box NOT acceptable)
18MALAL, EL 33321
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 amfamiliativith and
accept the obligations of my position as registered agent as provided for in Chapter 60%, F.S.
Registered Agest's Signature
Cont W

(CONTINUED)

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  MGRM    Mame and Address:
(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.)  Typed or printed name of signee
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)