XXX 110325

Page 1 of 1

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.

(((H05000264359 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

: (050)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone ; (516) 935-3940

: (516) 935-3088

Phone FOR DONOIS ON OF CORPORATION O

LIMITED LIABILITY COMPANY

Ocean Shores Construction LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu,

Congonate, Filing.

Rublic Access Help.

https://efile.sunbiz.org/scripts/efilcovr.exe

11/14/2005

H05000264359

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Name 149 Eric		CORPOR
The name and Florida street address of the regis	gistered Office & Registered Agent's Signature stored agent are:	SECRETARY DIVISION OF CO
Bunnell, FL 32110	Palm Coast, FL 32164	
		1.
1800 Old Moody Boulevard		
Principal Office Address:	Mailing Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
ARTICLE II - Address		
ARTICLE I - Name The name of the Limited Liability Company is:	Ocean Shores Construction LLC	
f FLORIDA	LIMITED LIABILITY COMPANY	

Having been named as registered agent and to accept service of process for the above stated limited liability company it the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this apacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance f my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, ES.

Palm Coast, FL 32164

(P.O. Box or Mail Drop Box NOT Acceptable)

(City / State / Zip)

Elzabeth Klecknes

Registered Agent's Signature - Elizabeth Kleckner

H05000264359

<u>Title:</u>	ach Manager or Managing Member is as follows: Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGR	Joseph Kleckner- 149 Eric, Palm Coast, FL 32164
Use attachment if necessa	ry)
REQUIRED SIGNATU	gnature of a member or authorized representative of a member.
(In a	accordance with section 608.408(3), Florida Statutes, the execution of this ment constitutes an affirmation under the penalties of perjury that the facts d herein are true.)
•	Joseph Kleckner
	Typed or printed name of signer

SECRETARY OF STATE BIVISION OF CORPORATIONS

05 NOV 14 AM 11: 10