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(F	Requestor's Name)		
(/	Address)		
(A	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL	
(E	Business Entity Name)		
(C	Ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
		3/23)
	Office Use Only	CHIL	



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SECRETARY OF STATE

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CLARAMARGARET H. GROOVER

Attorney-at-Law Contified Mediator

1124 BRYN MAWR STREET ORLANDO, FLORIDA 32804 chgesq@cfl.rr.com

POST OFFICE BOX 547713 ORLANDO, FLORIDA 32854-7713 (407) 422-6100 FAX (407) 423-7212

March 16, 2006

VIA OVERNIGHT MAIL

Department of State **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Open Oceans, LLC

Articles of Organization

To Whom It May Concern:

Enclosed are the following to file the Articles of Organization for Open Oceans, LLC:

1. This firm's check in the amount of \$155.00 which represents \$100.00 filing fee, \$25.00 for Registered Agent fee, and \$30.00 for a Certified Copy of Record.

2. Articles of Organization for Open Oceans, LLC.

Please call if you have any questions.

Very truly yours,

Claramargaret H. Groover

CHG/kae **Enclosures**

CC:

David Jacobs Rebecca Jacobs James T. Valvano

ARTICLES OF ORGANIZATION FOR OPEN OCEANS, LLC.

Article I - Name:

The name of the limited liability company is OPEN OCEANS, LLC.

Article II - Address:

The mailing address and street address of the principal office of the limited liability company are:

Principal Office and Mailing Address:

2297 Boggy Creek Road

Kissimmee, Florida 34744

Article III- Registered Agent, Registered Office, Registered Agent's Signature:

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

Claramargaret H. Groover, Esquire 1124 Bryn Mawr Street Orlando, Florida 32804

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 ram familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60% F.S.

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

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

Title:

Name and Address:

President

David Jacobs

1509 West Colony Avenue Kissimmee, Florida 34744

Vice President/Secretary

James T. Valvano 1302 Cinda Court St. Cloud, Florida 34772

Vice President/Treasurer

Rebecca S. Jacobs

1509 West Colony Avenue Kissimmee, Florida 34744

Article V- Effective Date

The effective date of the limited liability company is the date of filing.

(In accordance with \$608.408(3), FLORIDA STATUTES, the execution of this document constitutes an affirmation under

the penalties of perior) that the facts stated herein are true.)

David Jacobs

Jame∕s T'. Y∕elvano

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