# (06000033887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400068939414

W6-33887

# **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Oce	anway Inv	estments & f	Real Estate	LLC
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
	Alexande	er Douglas	3	<del></del>
Ocea	inway Inv	estments &	Real Estati	e UC
2725	51 SR 54	Suite B-	-14/123	
Wesl	ey Chapel	(Address) Florida	33543 S	1 ; - 4 ;
	(City)	State and Zip Code)		
For further information co	oncerning this matter, please	call:	75	
Alexanda	er Douglas	at ( 813 ) 785 (Area Code & Daytime To	8880	
(Name o	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oceanway Investments & Real Estate LLC

(Must end with the words "Linxied Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

Principal Office Address:

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

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Tavia Ball
Name
Florida street address (F.O. Box NOT acceptable)
Tampa FL 33610

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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Alexander Douglas 27251 SR 54 Suite B-14/123 Wesley Chapel, FL 339
fective date is listed, the dat	r than the date of filing: (OPTIO te must be specific and cannot be more than five business of
days after the date of filing.	
<u>REQUIRED</u> SIGNATURE	
REQUIRED SIGNATURE  Signature o	f a member or an authorized representative of a member.

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)