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W4-9475

COVER LETTER

TO:

Registration Section

Division of Co.	rporations		
SUBJECT: Ocear	n Blue Marketing, I	LC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
<u>Brendon</u> l	D Johnson		
	(Name of Person)	
BMJ&J In	C.		
	((Firm/Company)	
8467 Spr	ringhill Dr.		
		(Address)	
Springhil	I,Florida 34608		2006 TAL
	(City	/State and Zip Code)	ARE AN
For further information	concerning this matter, please	call:	SECRETARY OF STATE SECRETARY OF STATE AHASSEE. FLORID
Brendon D Joh	nson	at (813) 843-42	15 F ST R 2:
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLE I - Name: The name of the Limited Liability Company is:

Ocean Blue Marketing, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Compa	my, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8467 Springhill Dr.	1489 Autumn RD.
Springhill,Florida 34608	Springhill,Florida 34608
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	s of the registered agent are:
BMJ&J inc.	Name 2: 16
	Name OF 6
8467 Springhill I Florida	Or. street address (P.O. Box <u>NOT</u> acceptable)
Springhill,Florida 3	4608 FL

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Brendon D Johnson 8467 Springhill Dr. Springhill,Florida 34608
MGRM	Melissa Johnson 8467 Springhill Dr. Springhill,Florida 34608
	ZORG HAY
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be so	ARY OF ASSEE.
to or 90 days after the date of filing.)	Secure and cannot be more than five business days prior

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.)

Brendon D Johnson

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)