

LD6000067405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

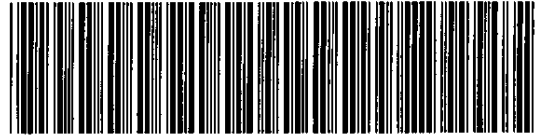
(Business Entity Name)

(Document Number)

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06/23/06--01038--011 \*\*130.00

**EFFECTIVE DATE**

7/5/06

FILED  
06 JUL -6 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oceanview Apparel and Garments, LLC  
(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:

Sharon Gallick  
(Name of Person)

Oceanview Apparel and Garments, LLC  
(Firm/Company)

2435 US Hwy 19, Ste 110  
(Address)

Holiday, FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Gallick at ( 727 ) 868-8373 ext 255  
(Name of Person) (Area Code & Daytime Telephone 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2006

SHARON GALLICK  
2435 US HIGHWAY 19, STE 110  
HOLIDAY, FL 34691

SUBJECT: OCEANVIEW APPAREL AND GARMENTS, LLC  
Ref. Number: W06000029048

We have received your document for OCEANVIEW APPAREL AND GARMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

A Limited Liability Company has Managers or Managing Members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 106A00042464

**EFFECTIVE DATE**  
7/5/06

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oceanview Apparel and Garments, LLC.

**ARTICLE II - Address:**

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

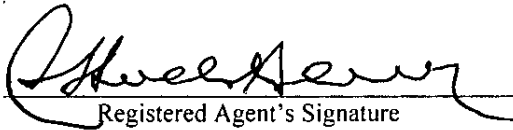
<u>Principal Office Address:</u> Oceanview Apparel and Garments, LLC 2435 US Hwy 19, Ste 110 Holiday, FL 34691	<u>Mailing Address:</u> Oceanview Apparel and Garments, LLC 2435 US Hwy 19, Ste 110 Holiday, FL 34691
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**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The registered agent for Oceanview Apparel and Garments, LLC is:

Haider A. Khan, MD  
2435 US Hwy 19, Ste 110  
Holiday, FL 34691

*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 statues 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

**ARTICLE IV – Manger(s) or Managing Member(s):**

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

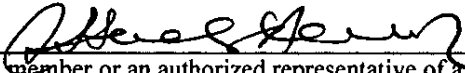
<u>Title</u>	<u>Name and Address</u>
Manager	Haider A. Khan, MD 5557 Bowline Bend New Port Richey, FL 34652

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE V:**

The effective date of the Limited Liability Company, Oceanview Apparel and Garment, LLC is July 5, 2006.

**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 and affirmation under the penalties of perjury  
That the facts stated herein are true.)

**Haider A. Khan, M.D**  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
**06 JUL -6 AM 11:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**