

L06000082882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

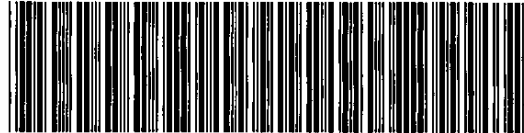
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



500078614095

08/23/06--01001--010 \*\*155.00

RECEIVED  
06 AUG 22 PM 3:49  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

FILED  
06 AUG 22 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ocean Imports, LLC

FILED  
06 AUG 22 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION**

The undersigned, acting as a member(s) of a limited liability company under the Florida Limited Liability Company Act, hereby adopt(s) the following Articles of Organization for such company.

1. **NAME:** The name of this limited liability company is **OCEAN IMPORTS, LLC.**
2. **PRINCIPAL OFFICE – MAILING ADDRESS:** The mailing address of the initial principal office of this limited liability company shall be 500 Oakwood Blvd., Oldsmar, FL 34677.
3. **PRINCIPAL OFFICE – STREET ADDRESS:** The street address of the initial principal office of this limited liability company shall be 500 Oakwood Blvd., Oldsmar, FL 34677.
4. **INITIAL REGISTERED AGENT:** The name and street address of this limited liability company's initial registered office for service of process in the State of Florida is:


**VERONA LAW GROUP, P.A.**  
7235 First Ave. So., St. Petersburg, FL 33707

5. **MANAGEMENT:** The limited liability company is to be a manager-managed company.
6. **INITIAL MANAGER(S):** The name(s) and address(es) of the initial manager(s) of the limited liability company is (are):

**LINDA ARMSTRONG**

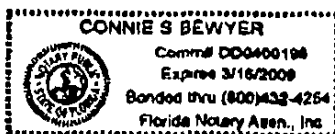
**500 Oakwood Blvd.  
Oldsmar, FL 34677**

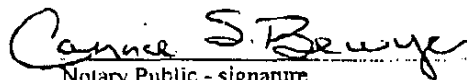
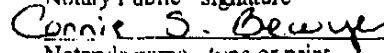
IN WITNESS WHEREOF, the undersigned member(s) has (have) executed these Articles of Organization this 22 day of August 2006.

  
LINDA ARMSTRONG, Member

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing Articles of Organization were acknowledged before me this 22 day of August 2006 by **LINDA ARMSTRONG**, who is personally known to me or who has produced FLDL A652-522-53-644-0 (type of identification) as identification, and did not take an oath.



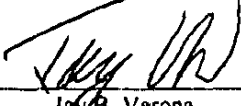
  
Notary Public - signature  
  
Notary's name - type or print  
DD 0400196  
Commission/Serial Number  
3-16-09  
My Commission Expires:

**FILED**  
06 AUG 22 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CONSENT OF REGISTERED AGENT**

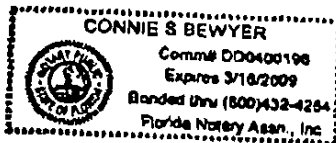
HAVING BEEN NAMED as Registered Agent for OCEAN IMPORTS, LLC, at the registered office designated in the foregoing Articles of Organization, the undersigned accepts the designation of Registered Agent. The undersigned hereby further states that it is familiar with, and accepts, the obligations provided for in Chapter 608, Fla. Stat.

**VERONA LAW GROUP, P.A.**

By:   
Jay B. Verona  
As: President

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 22 day of August 2006 by Jay B. Verona, as President of VERONA LAW GROUP, P.A., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced known to me (type of identification) as identification, and did (did not) take an oath.



Connie S. Bewyer  
Notary Public - signature  
Connie S. Bewyer  
Notary's name - type or print  
DD 0400198  
Commission/Serial Number  
3-16-09  
My Commission Expires: