

LD6000122678

(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:

*Mr. Rodriguez*

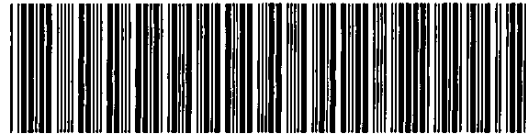
**WITHORIZATION BY PHONE TO**

**CORRECT** *eff. date - 12/18/06*

**DATE** *12/28/06*

**LET STAY** *let*

Office Use Only



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12/26/06--01013--025 \*\*130.00

Effective Date 12/18/06

*WOB 55377*  
*eff. date*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Tadlock DEC 27 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEAN PALM Unlimited, 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:

Rene Rodriguez  
(Name of Person)

OCEAN PALM UNLIMITED, LLC  
(Firm/Company)

1172 South Dixie Highway #132  
(Address)

COAL GABLES, FLORIDA 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rene Rodriguez at ( 786 ) 255-1507  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Effective Date 12/18/06

Ocean Palm UNlimited, LLC

(Must end with the words "Limited Liability Company," "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:**

7800 Collins Ave #502  
MIAMI BEACH, FL  
33141

1172 SOUTH DIXIE HIGHWAY #132  
CORAL GABLES, FL  
33146

**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 or another business entity with an active Florida registration.)

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

Rene Rodriguez

Name

7800 Collins Ave #502

Florida street address (P.O. Box **NOT** acceptable)

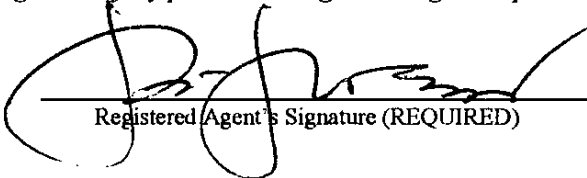
MIAMI BEACH FL 33141

City, State, and Zip

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

President

Rene Rodriguez  
2800 COLLINS Ave # 502  
MIAMI BEACH, FL 33141

Vice-President

MARITZA B. MEITNER  
431 VITTORIO Avenue  
COAST ARBLES, FLA 33146

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 18, 2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Maritza B. Meitner  
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.)

MARITZA B. MEITNER  
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)