L010000/4322

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2001 FEB -5 P 4: 13
SECRETARY OF STATE.



January 24, 2007

HUGH MCHUGH 1886 TARPON BAY DRIVE SOUTH SUITE 206 NAPLES, FL 34119

SUBJECT: OCEAN PROPERTIES, LLC

Ref. Number: W07000003903

We have received your document for OCEAN PROPERTIES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and s being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 407A00005653

AGNES, GOOD DOY! THANK YOU FOR YOUR HELP TODAY!

I HAVE ENCLOSED THE PILLING FOR OCEAN PROPERTIES LIC

PLEASE APPLY MY CHECK TO THIS FILING

THANK YOU! HUGH MCHUGH

ZOOT FEB -5 P 4: 13
SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

COVER LETTER

TO:	Registration Se Division of Co								
SUBJI	ECT:	OCEAN	Propert						•
			(Name of Limit	ed Liabili	ty Compan	y)			
The en	closed Articles o	f Organizatio	on and fee(s) are	submitted	for filing.				
Please	return all corresp	ondence cor	ncerning this mat	ter to the	following:				
			Hugh M	CHUG	+				
				(Name of			, 7		
	·		ocean i	PROPE	enes :	uc	· .		
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				•		_	SEC	2007	
	, <u>.</u>	·	NAALES		34 1(° d Zip Code)	1	- RR	2007 FEB	
			•	-	•		NRY 1	S.	M
For fu	rther information	concerning t	this matter, please	e call:)F S1 . F L C	U	
<u>. </u>		1ettuar	t	_at (239	449	-8836	#=	_
	(Name	of Person)			(Area Code	& Daytime T	elephone Numl	oer)	
Enclo	sed is a check fo	or the follow	wing amount:						
] \$12:	5.00 Filing Fee		00 Filing Fee & te of Status	Certi	55.00 Fili fied Copy onal copy is		\$160.0 Certificate Certified (additional c	of Stat Copy	tus &
		Division P.O. Box	ion Section of Corporations		Registration Division of Clifton But 2661 Exect	f Corporation	ons r Cîrcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:				
The name of the Li	mited Liability Cor	npany is:			
1	OCEAN PEC	¢8€17€.	s LLC		
(Must end with the words	"Limited Liability Comp	any, "Limited	Company" or their abbre-	viation "LLC," or "L	.C.,")
ARTICLE II - Ad	dress:				
		of the pri	ncipal office of the l	Limited Liabilit	y Company is:
Principal Office A	ddress:		Mailing Address:		
1886 TARA	so bay pewe	SOUTH	1886 TAG	RN BAY DE	<u>South</u>
NAMES, FO	34119		NAPLES, FL	34119	
(The Limited Liability Co	empany cannot serve as its ctive Florida registration. Florida street address HUGH	s own Registe) ss of the re MCHU Name	-	mate an individual or 2001 FEB -5 F	another T
			ess (P.O. Box NOT acc	eptable) +	J
	NAPLE		FL 34119	IDA 13	

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

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	Name and Address:
"MGRM" = Managing	Member
<u>MGR</u>	HUGH MCHUGH 1886 TARAON BAY DR. S #206 NAMES, FL 34119
	SECR.
	A T B C C C C C C C C C C C C C C C C C C
	FF T F
(Use attachment if nec	essary)
TICLE V: Effective date, i	f other than the date of filing: (OPTIONAL)
n effective date is listed, the date of	ne date must be specific and cannot be more than five business days pr filing.)
•	
REQUIRED SIGNAT	TURE:
	Sent Obline
Signa	ture of a member or an authorized representative of a member.
of this	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	HUGH MCHUGH
	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)