L07000/09464

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only Otato Ziph Holic #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



300111307773

10/26/07--01022--006 **155.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

W07-53374 2001

COVER LETTER

TO:	Registration : Division of C			
SUBJE	CT: OCE	ANS CONSULT	ING LLC	
		(Name of Limi	ted Liability Company)	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	tter to the following:	
	JOSE M	NIEBLAS		
•			(Name of Person)	
			•	_ =
			(Firm/Company)	SECT VISIO
8140 NW 155 STREET SUITE 202				
			(Add ress)	cox
MIAMI LAKES, FL 33016				OT OCT 29 PM 4: 56
•			ty/State and Zip Code)	<u> </u>
For fur	ther information	concerning this matter, pleas	e call:	0.
JOS	SE M NIE	BLAS	at (305) 512-0077	
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)	
Enclos	ed is a check f	or the following amount:		
\$125 .	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy of certified Copy (additional copy of certified Copy (additional copy of certified Copy)	Status & y
		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	



October 29, 2007

JOSE M. NIEBLAS 8140 NW 155 STREET SUITE 202 MIAMI LAKES, FL 33016

SUBJECT: OCEANS CONSULTING GROUP, L.L.C.

Ref. Number: W07000053374

DIVISION OCT 29 PM 4:56

We have received your document for OCEANS CONSULTING GROUP, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P06000036676, OCEANS CONSULTING GROUP INCORPORATED.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 407A00063228

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEANS CONSULTING LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8140 NW 155 STREET SUITE 202 MIAMI LAKES, FLORIDA 33016

8140 NW 155 STREET SUITE 202 MIAMI LAKES, FLORIDA 33016

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:

JOSE M NIEBLAS

8140 NW 155 STREET SUITE 202

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

MIAMI LAKES, FLQRIDA 33016 City, State, and Zip

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

JOSE M NIEBLAS

8140 NW 155 STREET SUITE 202

MIAMI LAKES, FLORIDA 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

JOSE M NIEBLAS

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)