

Lo 8000029422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

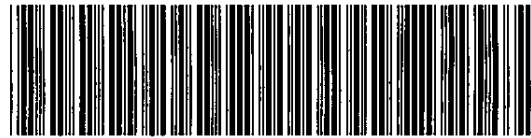
(Business Entity Name)

(Document Number)

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

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J. BRYAN

MAR 24 2008

EXAMINER

**Corporate direct**   
Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H  
Minden, Nevada 89423

775-824-0300 - Main  
800-600-1760 - Main -Toll Free  
775-824-0105 - FAX  
775-284-7172 - Marie Direct Line

March 17, 2008

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 465-704 Ocean Drive, LLC

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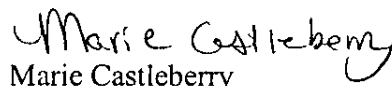
Dear Secretary:

Enclosed for filing please find the Articles of Organization for the above-referenced entity along with our check in the amount of \$125.00 for filing fees.

Upon issuance, please forward this filing along with any other items that may be coming to this office in the postage paid envelope that has been provided.

Thank you for your assistance in filing this company. Should you have any questions, please do not hesitate to contact me at the toll free number above.

Sincerely,

  
Marie Castleberry  
Account Representative

:mc  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 465-704 Ocean Drive, 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:

**Marie Castleberry**

(Name of Person)

**Corporate Direct, Inc.**

(Firm/Company)

**2248 Meridian Boulevard, Suite H**

(Address)

**Minden, NV 89423**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Marie Castleberry** at ( **775** ) **824-0300**  
(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

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DIVISION OF CORPORATIONS  
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

465-704 Ocean Drive, 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 is:

### Principal Office Address:

60 East Simpson Avenue  
Jackson, WY 83001

### Mailing Address:

PO Box 2869  
Jackson, WY 83001

## 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:

Gerri Detweiler

Name

1037 Greystone Lane

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

Sarasota

FL

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..*

Gerri Detweiler  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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:**

MGR

Mifer Holdings, LLC

PO Box 2869, 60 East Simpson Avenue

Jackson, WY 83001

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(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 to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Marie Castleberry  
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.)

Marie Castleberry

Typed or printed name of signer

**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)