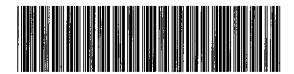
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T. CLINE

MAY 2 3 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJ	_{ECT:} Осеа	n View Aquaria LL	.C		
		(Name of Limi	ited Liability Comp	oany)	
The er	nclosed Articles	of Organization and fee(s) are	e submitted for filin	ıg.	
Please	return all corre	spondence concerning this ma	tter to the followin	g:	
	Bryan Gle	enn Wilcox			
			(Name of Person)		
	Ocean V	iew Aquaria LLC			
			(Firm/Company)		
	3197 Ihri	g Lane			
			(Address)		
	Eustis Flo	orida 32726			
		(Ci	ty/State and Zip Cod	e)	
For fu	rther information	n concerning this matter, pleas	se call:		
Brya	an Glenn V	Vilcox	_at (_321	263-6	5563
	(Nam	ne of Person)	(Area Cod	le & Daytime	e Telephone Number)
Enclos	sed is a check t	for the following amount:			e Telephone Number) AS 177 CRE HAY
∐\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	S160.00 Filing Ree, Certificate of Status & Certified Copy (additional copy to enclose)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addrion Section of Corpora suilding secutive Cen	ress tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Ocean View Aquaria LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
3197 Ihrig Lane	3197 Ihrig Lane	
Eustis Florida 32726	Eustis Florida 32726	
business entity with an active Florida registration.) The name and the Florida street address of the Bryan Glenn Wilco	DX	
	me SECHETARY 22 address (P.O. Box NOT acceptable) SST	
3197 Ihrig Lane	MAY	
Florida street	address (P.O. Box NOT acceptable)	-
Eustis, Florida 327	'26 FL	and Flaund
City, Stat	726 FL EF OF ST PH 2:	1 maje zata 7 1 1 z poten
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated him in this certificate, I hereby accept the appointment a acity. I further agree to comply with the provisions of performance of my duties, and I am familiar with a egistered agent as provided for in Chapter 608, F.S.	is Of all Ind
7/*	· /	

(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:	-	Name and Address:	
"MGR" = Mana			
"MGRM" = Ma	naging Member		
MGRM	Ī	Bryan Glenn Wilcox	
		3197 Ihrig Lane	
	<u>.</u>	Eustis Florida 32726	
MGRM		Scott G. Wilcox	
		3197 Ihrig Lane	
		Eustis Florida 32726	·····
			
	• -		
			
	-		
	-		-
(Use attachmen	date, if other than the date	of filing: (OPTIONAL)
LE V: Effective	date, if other than the date of sted, the date must be speciate of filing.)	of filing: (eific and cannot be more than five but	OPTIONAL) siness days p
LE V: Effective ffective date is li days after the d	date, if other than the date of sted, the date must be speciate of filing.) IGNATURE:	of filing: (cific and cannot be more than five but the state of a member.	OPTIONAL) siness days p
LE V: Effective ffective date is li days after the d	date, if other than the date of sted, the date must be speciate of filing.) GNATURE: Signature of a member or a (In accordance with section 6)	an authorized representative of a member. 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	SECT TALL
LE V: Effective ffective date is li days after the d	date, if other than the date of sted, the date must be speciate of filing.) GNATURE: Signature of a member or a constitute a that the facts stated herein in the state of the state of the stated herein a constitute of the stated herein a const	an authorized representative of a member. 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	SECT TALL
LE V: Effective fective date is li days after the d	date, if other than the date of sted, the date must be speciate of filing.) GNATURE: (In accordance with section 6 of this document constitutes a that the facts stated herein a Bryan Glenn Wilcometer)	an authorized representative of a member. 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	SECRE TARY TALLAHASS
LE V: Effective ffective date is li days after the d	date, if other than the date of sted, the date must be speciate of filing.) IGNATURE: Signature of a member or a constitutes a that the facts stated herein a Bryan Glenn Wilcompand or a constitute of this document constitutes a state of the facts stated herein a Bryan Glenn Wilcompand or constitute of the facts stated herein a grant of the facts and the facts stated herein a grant of the facts stated herein a grant of the facts and the facts and the facts are considered as a grant of the facts and the facts are considered as a grant of the facts and the facts are considered as a grant of the facts and the facts are considered as a grant of the facts and the facts are considered as a grant of the facts and the facts are considered as a grant of the facts are considered as a g	an authorized representative of a member. 308.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	SECRETARY OF TALLAHASSEE, F
CLE V: Effective ffective date is lid days after the days after th	date, if other than the date of sted, the date must be speciate of filing.) IGNATURE: Signature of a member or a lineaccordance with section 6 of this document constitutes a that the facts stated herein a Bryan Glenn Wilcompany or a lineaccordance with section 6 of this document constitutes a that the facts stated herein a Bryan Glenn Wilcompany or a lineaccordance with section 6 of this document constitutes a that the facts stated herein a Bryan Glenn Wilcompany or a lineaccordance with section 6 of this document constitutes a lineaccordance with section 6 of this document	an authorized representative of a member. 308.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) COX r printed name of signee	SECRETARY OF STATALLAHASSEE, FLOR
ELE V: Effective ffective date is li days after the d REQUIRED S Filing Fee \$125.00 Filing of Re	date, if other than the date of sted, the date must be speciate of filing.) GNATURE: Signature of a member or a line of this document constitutes a that the facts stated herein a Bryan Glenn Wilcompand or second or	an authorized representative of a member. 308.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) COX r printed name of signee	SECRETARY OF TALLAHASSEE,