Division of Corporations Public Access System

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ORIDA/FOREIGN LIMITED LIABILITY CO.

OCEAN CONTRACTORS GROUP LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: OCEAN CONTRACTORS GROUP LLC (Must ond 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:	Mailing Address:	
10440 SW 186 TERR MIGMI FL 33157	10440 S.W. 186 TER. MINNI, FL. 33157.	

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 basiness entity with an active Florida registration.)

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

Paul Same

Name

10440 S.W. 186 TEL
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33157

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 fumiliar 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)
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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" = Managi	Name and Address:
MGRM	FAUL JAMER 10440 S.W. 186 TER. MIAMI, FL. 33157.
	SECRETAL TIL
	SET STATE OF STATE
(Use attachment if n	•
(If an effective date is listed, to or 90 days after the date of	the date must be specific and cannot be more than five business days prior of filing.)
REQUIRED SIGNA	ATURE:
	Mar her.
Sig	nature of a momber or an authorized representative of a member.
of:	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)
	PAW JANZP Typed or printed name of signoc
	Typed or printed name of signee
Filing Poes:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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