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**EXAMINER** 

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09 AUG 24 PH 1: 39

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Daytona Ocean Pentals LLC. Name of Limited Liability Company		
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:		
James M. Bry		
Daytong Ocean Rentals LLC. Firm/Company		
LI Canarsie Place Address		
Palm Coast Florida, 32137		
Palm Coast Florida, 32137  City/State and Zip Code  James Bry   @ bellsouth.net  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
James M. Bry at (386) 503-4870  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32301		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Daytona Ocean Re	ntals LLC. ity Company," "L.L.C.," or "LLC.")		
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4 Canarsie Place Palm Cogst Fl. 32137	4 Canarsie Place		
1914 Cogst F1. 32137	Palm Coast Fl.		
	_ 52137		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			
The name and the Florida street address of the r	egistered agent are:		
John B	Bry		
Name			
591 Shearwood	Drive		
Florida street address (P.O. Box NOT acceptable)			
Flagler Beach City, State, as	FL 32136		
City, State, as	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.		
John B	√		
Registe <del>l é</del> d Agent's Signat	ure (REQUIRED)		
(CONTIN	mg <b>z m</b>		

## 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	Name and Address:
"MGRM" = Managing Member	- 4 0 /
MGR	James M. Bryl
	James M. Bry/ 4 Canarsie Place Palm Coast F1. 32137
<del></del>	
(Use attachment if necessary)	
an effective date is listed, the date must b	e date of filing: (OPTIONAL)  ne specific and cannot be more than five business days pri
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	<b>A</b>
James	In Buyl
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Jame	S M. Bry/ yped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga	anization and Designation

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

SECRETARY OF STATE