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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346FILED
2009 NOV -3 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OCEAN BLUE OF FAIRVIEW, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

NOV - 4 2009

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Ocean Blue of Fairview, LLC

ARTICLE II – Address:

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

760 N Collier Blvd #109
Marco Island, FL 34145

Mailing Address:

760 N Collier Blvd #109
Marco Island, FL 34145

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Joseph Striegel
760 N Collier Blvd #109
Marco Island, FL 34145

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 provided for in Chapter 608, FRS.


Registered Agent's Signature

(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:

Name and Address:

"MGR" = Manager

"MCRM" = Managing Member

MGR

Peter McFarland
760 N Collier Blvd #109
Marco Island, FL 34145

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Peter McFarland

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.)

Peter McFarland

Typed or printed name of signee

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