

**LO9000106295**

## Florida Department of State

Division of Corporations

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**L. SELLERS**

To:

Division of Corporations

Fax Number : (850) 617-6383

NOV -4 2009

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.****OCEAN BLUE OF MARCO ISLAND, LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: *Ocean Blue of Marco Island, 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 as provided for in Chapter 608, FRS.*

  
Registered Agent's Signature

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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

"MGRM" = Managing Member

MGR

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

\_\_\_\_\_

\_\_\_\_\_

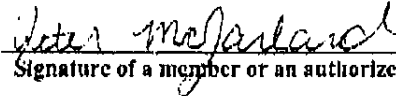
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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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