

Corporate 13056752011 21  
**L10000011556**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSR SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 994-3124  
Fax Number : (561) 455-9885

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OCEAN RIDERS REAL STATE LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

D. BRUCE  
FEB 4 2010  
EXAMINER

H100000243003

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
OCEAN RIDERS REAL STATE LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
IN ARTICLE 1 THE NAME OF THE LIMITED LIABILITY COMPANY IS LISTED INCORRECTLY AS,

OCEAN RIDERS REAL STATE LLC.

THE NAME OF THE LIMITED LIABILITY COMPANY IS OCEAN RIDERS REAL ESTATE LLC.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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Dated: FEBRUARY 3RD, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MATIAS NAKA

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

H100000220303

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

In compliance with Chapter 608, F.S.

FILED  
10 FEB - 1 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

OCEAN RIDERS REAL STATE LLC

**ARTICLE II ADDRESS**

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

301 SE OCEAN BOULEVARD #150

STUART, FLORIDA 34994

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

CHRISTIAN FINKELBERG

301 SE OCEAN BOULEVARD #150

STUART, FLORIDA 34994

Having been named as registered agent 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, F.S.

x



CHRISTIAN FINKELBERG / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)****MANAGING MEMBER****MATIAS D. NAKA****301 SE OCEAN BOULEVARD #150****STUART, FLORIDA 34994****MANAGING MEMBER****SANTIAGO C. MORIXE****301 SE OCEAN BOULEVARD #150****STUART, FLORIDA 34994****MANAGING MEMBER****JULIAN EVANGELISTA PRIGOSHIN****301 SE OCEAN BOULEVARD #150****STUART, FLORIDA 34994**

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X

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.

MATIAS NAKA

PRINTED NAME OF SIGNEE