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Florida Department of State
Division of Corporations
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L. SELLERS

To: Division of Corporations
Fax Number : (850) 617-6393

APR 18 2011

From: Account Name : LAW OFFICE OF RENE G. GONZALEZ
Account Number : I20040000140
Phone : (772) 589-4353
Fax Number : (772) 388-5514

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pebbutt@oceanmotions.com

RECEIVED
11 APR 15 PM 2:07
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Ocean Motions Company, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

ARTICLE I - NAME

The name of the Limited Liability Company is **OCEAN MOTIONS
COMPANY, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited
Liability Company is 9582 Fleming Grant Rd., Micco, FL 32976.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

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

Peter Ebbutt
Name

9582 Fleming Grant Rd.
Fla. street address (No P.O. Box)

Micco, FL 32976
City, State, 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 familiar with and accept the obligations of my position as
registered agent as provided for in Chapter 608, Florida Statutes.



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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

____MGRM_____

Peter Ebbutt_____
9582 Fleming Grant Rd._____
Micco, FL 32976_____

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

REQUIRED SIGNATURE:



Signature of member or authorized representative

(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 Ebbutt____
Typed or Printed name of signee