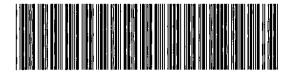
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| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only



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T. CLINE
NOV 18 2011
EXAMINEER

COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|--|
| SUBJECT: Oceana Design Source | e, LLC. |
| | ted Liability Company |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this mat | tter to the following: |
| Laura De Jesus | |
| | Name of Person |
| Oceana Design Source, L | LC |
| | Firm/Company |
| 5001 Mallards Place | |
| | Address |
| Coconut Creek, Florida 3307 | Address 3 ty/State and Zip Code |
| | ty/State and Zip Code |
| oceana1llc@gmail.com | ty/State and Zip Code for future annual report notification) |
| For further information concerning this matter, pleas | Est = |
| Laura De Jesus | _at (954) 425-4777 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|--|
| Oceana Design Source, LLC. |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| RTICLE II - Address: |
| he mailing address and street address of the principal office of the Limited Liability Company is: |

ARTICLE I - Name:

| Principal Office Address: | Mailing Address: |
|--|--|
| 5001 Mallards Place | 5001 Mallards Place |
| Coconut Creek, Florida 33073 | Coconut Creek, Florida 33073 |
| ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) | stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual ar another |
| The name and the Florida street address o | f the registered agent are: |
| | <u> </u> |

Name

5001 Mallards Place

Florida street address (P.O. Box NOT acceptable)

Coconut Creek

FL 33073

City, State, and 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 | | |
| PRESIDENT/MGRM | Laura De Jesus | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| . ———— | | _ |
| | | _ _ |
| | | |
| | | |
| (Use attachment if necessary) | | _ |
| ARTICLE V: Effective date, if other than the date | te of filing: November 09, 2001 (OPTI) | ONAL) |
| (If an effective date is listed, the date must be sp | | |
| to or 90 days after the date of filing.) | AS BEI | 70 |
| REQUIRED SIGNATURE: | CRETA | |
| Lan | De hous | |
| Signature of a member or | r an authorized representative of a member | |
| constitutes an affirmation under the | 8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true ion submitted in a document to the Department of State | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Laura De Jesus

Typed or printed name of signee