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Effective Date 11/23/11

2011 NOV 29 AM 10: 58
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. HAMPTON

Mat / # 0 2011

EXAMINER

### **COVER LETTER**

	tion Section of Corporations
SUBJECT:	Ocean Motivation LLC
	Name of Limited Liability Company
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Mary Scott Canada
	Ocan Motivation Firm/Company
	PO BOX 4068 PO BXX 7068
	Fort Lauderdale, Fr. 33304 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
M	My Scott Called at (954) 467 7937  Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$125.00 Filing Fe	See \$\int_{\text{\$130.00 Filing Fee}} \& \text{\$155.00 Filing Fee} \& \text{\$\$160.00 Filing Fee}, \\ \text{Certified Copy} & \text{Certified Copy} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} & \text{Certified Copy} \\ \text{(additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 11/23/11

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address:  Mailing Address:	
710 N Victoria PK B PO BOX 70 6 Ft. Landerdale FL Fort handerda	8 16 FL 33304
ARTICLE III - Registered Agent, Registered Office, & Registered Agen (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inclusion business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:  May Suff Canadle  Name  HO N Victoria PK Rd  Florida street address (P.O. Box NOT acceptable)  Florida Street address (P.O. Box NOT acceptable)  City, State, and Zip	<u>.</u>
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	t the appointment as ith the provisions of al am familiar with and
Registered Agent's Signature (REQUIRED)  (CONTINUED)	FILE 2011 NOV 29 AI SEURETARY OF TALLAHASSEE,
Page 1 of 2	AR C

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	
MORM - Managing Mellio	eci
Moem	Vivian Mur 300 Three TSlands Part #1
	300 Three Islands Blud #1
Manana	
MORM	Wan Scott Canada
	Pt. lauderdale, FL 33304
	<del></del>
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day
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