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SECRETARY OF STATE
ANT AHASSEE, FLORIDI

COVER LETTER

Division of	f Corporations		
SUBJECT:	ENDL	ESS ONCEAN	IS LLC
	Name o	of Limited Liability Con	mpany
Dear Sir or Madam:			
The enclosed Articl	es of Correction and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this	s matter to the followin	g:
RON	IALD A MUSCARELL	A, CPA	_
	Name of Person		
RONA	LD A MUSCARELLA	, CPA PA	_
	Firm/Company		
1700	E LAS OLAS BLVD	STE 207	_
	Address		
F	City/State and Zip Code		
E-mail addres	ON@TAXRELIEFCPA s: (to be used for future annu	A.COM al report notification)	_
For further informa	tion concerning this matter,	please call:	
	LD MUSCARELLA	at (<u>954</u>	746-7801
N	ame of Person	Area Co	ode & Daytime Telephone Number
STREET/COURIN Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$25 Filing Fee	\$30 Filing Fee &		S60 Filing Fee
\$25 riling ree	Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)			

ARTICLES OF CORRECTION FOR

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 12 JUL 19 AN ID: 15

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 ART OF STATE business days to correct the attached articles of organization or application to transaction of transaction and the state of transaction of transaction or application to transaction of transaction or application to transaction or application or application to transaction or application or application to transaction or application or a

FIRST	The name of the limited liability company is: ENDLESS ONCEANS LLC				
<u>SECO</u>					
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	NT			
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE I NAME CORRECTION. NAME SHOUD BE:				
	ENDLESS OCEANS LLC				
	ARTICLE V ADD MEMBER				
	JOEL A. KHALEEL(MEMBER) 3125 S FEDERAL HWY, DELRAY BCH FL 3	3483			
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively signed an the appropriate correction are as follows:				
		•			
Dated:	JULY 17TH , 2012 .				
	Signature of a member or authorized representative of a member				
	DOMINIC A KHALEEL				
	Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

Electronic Articles of Organization For Florida Limited Liability Company

L12000090121 FILED 8:00 AM July 11, 2012 Sec. Of State clewis

Article I

The name of the Limited Liability Company is: ENDLESS ONCEANS LLC

Article II

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

3125 SOUTH FEDERAL HWY DELRAY BEACH, FL. US 33483

The mailing address of the Limited Liability Company is:

3125 SOUTH FEDERAL HWY DELRAY BEACH, FL. US 33483

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

DOMINIC A KHALEEL 755 SE 7 AVENUE DELRAY BEACH, FL. 33483

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.

Registered Agent Signature: DOMINIC KHALEEL

Article V

The name and address of managing members/managers are:

Title: MGR DOMINIC A KHALEEL 755 SE 7 AVENUE DELRAY BEACH, FL. 33483 US L12000090121 FILED 8:00 AM July 11, 2012 Sec. Of State clewis

Article VI

The effective date for this Limited Liability Company shall be:

07/09/2012

Signature of member or an authorized representative of a member

Electronic Signature: DOMINIC KHALEEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.