

# L12000090579

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

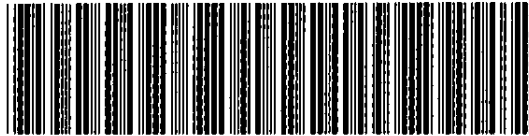
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/12/12--01002--004 \*\*155.00

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12 JUL 11 PM 3:46

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TALLAHASSEE, FLORIDA

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12 JUL 11 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 12 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 07/11/12

**REF. #:** 000409.169513

**CORP. NAME:** OCEAN SOCKS, LLC <sup>side</sup>

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 100082 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
OCEANSIDE SOCKS, LLC**

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**ARTICLE I: - Name**

The name of the Limited Liability Company is **OCEANSIDE SOCKS, LLC**.

**ARTICLE II: - Address**

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

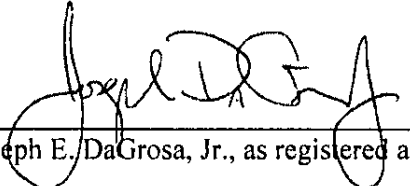
c/o 1848 Capital Partners LLC  
1221 Brickell Avenue, Suite 2660  
Miami, Florida 33131

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

Joseph E. DaGrosa, Jr.  
1221 Brickell Avenue, Suite 2660  
Miami, Florida 33131

*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.*

  
\_\_\_\_\_  
Joseph E. DaGrosa, Jr., as registered agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

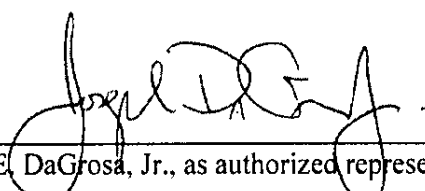
**ARTICLE V: - Manager(s) or Managing Member(s)**

The name and address of each Manager is as follows:

MGR

DaGrosa Partners LLC  
1221 Brickell Avenue, Suite 2660  
Miami, Florida 33131

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\_\_\_\_\_  
Joseph E. DaGrosa, Jr., as 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.)

\_\_\_\_\_  
Joseph E. DaGrosa, Jr.  
Typed or printed name of signee