

L12000102524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

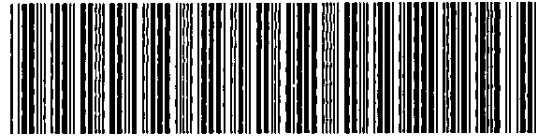
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



700237104307

08/17/12--01037--008 **125.00

12 AUG - 8 AM 11:47

FILED
OFFICE OF THE CLERK
STATE OF MISSISSIPPI

B. KOHR
AUG 22 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

12 AUG -8 AM 11:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 24, 2012

MAGUY CAMINITI
OCEAN FRONT SENIOR LIVING
1925 NORTH HIGHWAY A1A
INDIALANTIC, FL 32903

SUBJECT: OCEAN FRONT SENIOR LIVING LLC
Ref. Number: W12000038868

Please note that NO PAYMENT was received with this application, and that NO PAYMENT has been retained.

Please resubmit your Articles of Organization with a check for at least \$125.00 to cover the required filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00019434

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN FRONT SENIOR LIVING LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
12 AUG-8 AM 11:47

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGUY CAMINITI
Name of Person

OCEAN FRONT SENIOR LIVING
Firm/Company

1935 N. HWY 91A
Address

INDIALANTIC FL 32903
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGUY CAMINITI at (321) 666-6225
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN FRONT SENIOR LIVING LLC
(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:

1935 N. HWY A1A
INDIALANTIC FL 32903

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

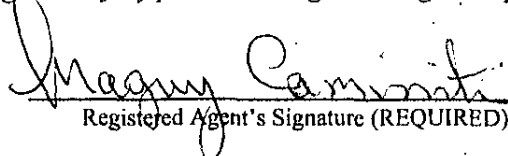
The name and the Florida street address of the registered agent are:

MAGUY CAMINITI
Name

1935 N HWY A1A
Florida street address (P.O. Box **NOT** acceptable)

INDIALANTIC FL 32903
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

RICHARD CAMINITI
1935 N. HYUN A1A
INDIAN LANTIC FL 32903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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. I am aware that any 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.)

RICHARD CAMINITI

Typed or printed name of signee

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)**