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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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COVER LETTER

TO: Registration Division of C			
SUBJECT: Ocea	anstar Crafts		
SUBJECT.		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
John P.	Dwyer		
		Name of Person	
	DeeanSta	ir Cra. HS	
		Firm/Company	
1399 Be	elcher Rd. South	#187	
		Address	
Largo, Fl			
	C	ity/State and Zip Code	
jpdwyer13	3@yahoo.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	n concerning this matter, pleas	se call:	
John Dwyer		at (727) 657-3255	
Nam	e of Person	Area Code & Daytime Tele	phone 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	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Star Craffs, LCC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ADTICLE II. Address.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1399 Belcher Rd. 5.#187 1399 Belcher Rd. 5.#187 Largo, Fi. Largo, Fi. 33771
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:
JOHN P. DNYER, ITP
1399 Belcher Rd S. # 187 Florida street address (P.O. Box NOT acceptable)
LARGO FL 3377/ 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)
Apparete regime o digitalité (Apparete)

(CONTINUED)

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\$ECRETARY OF STATE

'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 MGRM 1399 Belcher Rd. South #187 Largo, FI 33771 JOHN DWYER (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.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)\$ 5.00 Certificate of Status (Optional)