

L12000158180

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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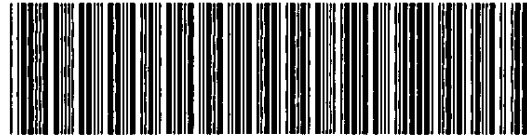
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12/18/12--01014--008 \*\*155.00

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12 DEC 18 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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December 17, 2012

VIA FEDERAL EXPRESS

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Organization – Ocean Extreme Sports Group, LLC  
Our File: 867.04

Dear Sir/Madam:

Enclosed is an original and one copy of the Articles of Organization for filing for Ocean Extreme Sports Group, LLC.

Please return all correspondence concerning this matter to the following:

David C. Barclay, Esquire  
Simcox and Barclay, LLP  
888 Bestgate Road, Suite 313  
Annapolis, Maryland 21401  
[dcb@simcoxandbarclay.com](mailto:dcb@simcoxandbarclay.com)

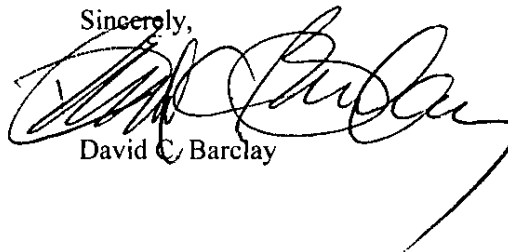
For further information concerning this matter, please call:

David C. Barclay, 410-266-0610

Enclosed is a check for \$155.00 for the filing fee and certified copy fee.

Thank you.

Sincerely,



David C. Barclay

DCB/sch  
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OCEAN EXTREME SPORTS GROUP, 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:**

3930 A1A South  
St. Augustine, FL 32080

**Mailing Address:**

3930 A1A South  
St. Augustine, FL 32080

**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:

Cory Busichio

Name

504 Barefoot Trace Circle

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine FL 32080

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)

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**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:**

MGRM

Peter M. Busichio

3930 A1A South

St. Augustine, FL 32080

(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.)

David C. Barclay

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)**