

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. JS OCEAN HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

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EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

	legistration Division of C	Section Orporations				
SMD VE CT		Holdings LLC				
SUBJECT	1;	Name of Limi	red Liability Company			
The enclos	sed Articles	of Organization and fee(s) are	submitted for filing.			
Picase retu	ım all corres	pandence concerning this mat	ter to the following:			
	JOELLE CHURIK					
**************************************			Name of Person	···		
		NRAI CO	DRPORATE SERVICES, INC.			
			Fim/Company			
200	WEST AD	AMS STREET, SUITE 2007				
-			Address			
СН	ICAGO, IL	•				
		Cit	y/State and Zip Code	OE		
		E-mail:address; (to be used	for future annual report notification)		. MAR	t to do
For further	information	concerning this matter, please	caff;		\sim	
JOELLE C	HURIK.		312 346-3606		8 AH	
	Nume	of Person	Area Code & Daytime Tele	· · · · · · · · · · · · · · · · · · ·	ب عد	-
Enclosed i	s a check fo	or the following amount:		ORIDA	ÛÛ	
i)\$ 125.00 F	Filing Fee	⊠\$130.00 Filing Fee & Certificate of Status	U3155.00 Filing Fee & C Certified Copy (additional copy is enclosed)	1 \$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 Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
IS Ocean Holdings LLC		demails-relays
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
350 Park Avenue, 29th floor	350 Park Avenue, 29th floor	
New York, NY10022	New York, NY10022	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual	OF TO MAR
NRAI SERVICES, INC.	The state of the s	SS: 50
Nar	ne	
1200 South Pine Island Road		
Florida street	address (P.O. Box <u>NOT</u> acceptable)	7.55 3:6
Plantation	FI. 33324	골
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.

Rogistered Agent's Signature (REQUIRED)

JIEVA (HUNK, ASST. Secretory)

By:

(CONTINUED)

Page 1 of 2

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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

MGRM

JSCSA Investments Inc.

Fleatming House, Wickhams Cay, Road Town, Tortola, British Virgin Islands

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

Marina Cristiani

Typed or printed name of signes

Filing Foes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2