

L13000079067

(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:

Office Use Only



000248340380

05/30/13--01022--013 **125.00

FILED
2013 MAY 30 AM 8:19
STATE OF MISSISSIPPI
MAY 30 2013

J. SAULSBERRY
EXAMINER

MAY 31 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Ocean Ridge 6161 N. Ocean, LLC
Name of Limited Liability Company**

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

Please return all correspondence concerning this matter to the following:

Gregg S. Levy, Esq.
Name of Person

McCarthy, Lebit, Crystal & Liffman Co., L.P.A.
Firm/Company

101 W. Prospect Avenue, Suite 1800
Address

Cleveland, Ohio 44115
City/State and Zip Code

gsl@mccarthylebit.com
E-mail address: (to be used for future annual report notification)

2013 MAY 30 AM 8:19
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

Gregg S. Levy, Esq. at (216) 696-1422
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 Ridge 6181 N. Ocean, 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:

6605 South Dixie Highway, Suite 200

West Palm Beach, FL 33405

Mailing Address:

6605 South Dixie Highway, Suite 200

West Palm Beach, FL 33405

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:

Donna M. Sotillo

Name

6605 South Dixie Highway, Suite 200

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

West Palm Beach

FL

33405

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..

Donna M. Sotillo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 MAY 30 AM 8:19
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH

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 _____

Marlin E. Younker _____

1880 South Ocean Boulevard _____

Manalapan, FL 33462 _____

MGR _____

Jon Hanson _____

10925 Girdled Road _____

Concord, OH 44077 _____

2013 MAY 30 AM 8:19

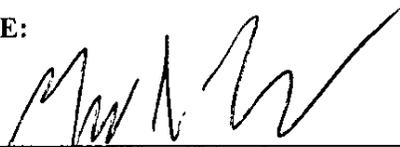
FILED

(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.)

Gregg S. Levy, Esq., Authorized Representative

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)

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocean Ridge 6161 N. Ocean, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Gregg S. Levy, Esq.

Name of Person

McCarthy, Lebit, Crystal & Liffman Co., L.P.A.

Firm/Company

101 W. Prospect Avenue, Suite 1800

Address

Cleveland, Ohio 44115

City/State and Zip Code

gsl@mccarthylebit.com

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

2018 MAY 30 AM 8:19
FILED

For further information concerning this matter, please call:

Gregg S. Levy, Esq.

Name of Person

at (**216**) **696-1422**

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 Ridge 6161 N. Ocean, 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:

6605 South Dixie Highway, Suite 200
West Palm Beach, FL 33405

6605 South Dixie Highway, Suite 200
West Palm Beach, FL 33405

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:

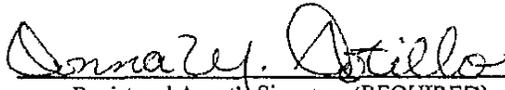
Donna M. Sotillo
Name

6605 South Dixie Highway, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33405
City, State, and Zip

FILED
2013 MAY 30 AM 8:19
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

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 _____

Marlin E. Younker _____

1880 South Ocean Boulevard _____

Manalapan, FL 33462 _____

MGR _____

Jon Hanson _____

10925 Girdled Road _____

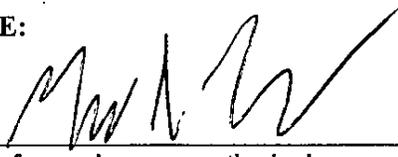
Concord, OH 44077 _____

FILED
2013 MAY 30 AM 8:29
STATE OF FLORIDA
DEPARTMENT OF STATE

(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.)

Gregg S. Levy, Esq., Authorized Representative

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)