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COVER LETTER

TO:

Registration Section **Division of Corporations**

VIEW OCEAN PROPERTIES, 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:

RANDELL C. DOANE, ESQ. Name of Person DOANE & DOANE, P.A.

2000 PGA BLVD., SUITE 4410

NORTH PALM BEACH, FL 33408

City/State and Zip Code

CWATERS@DOANELAW.COM

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

For further information concerning this matter, please call:

Claire Waters, CP

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	y:
VIEW OCEAN PROPERTIES, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ADTICLE II. Address.	
ARTICLE II - Address: The mailing address and street address of the r	principal office of the Limited Liability Company is:
The maring address and street address of the p	Americal office of the Emined Endomey Company is.
Principal Office Address:	Mailing Address:
900 BISCAYNE BLVD	OFFICE 401, OLGA COURT,
UNIT 5402	22 STASSICRATOUS STREET
MIAMI, FL 33132	1065 NICOSIA - CYPRUS
Pandell C. Doane, ESQ., Doane & Doane, P.A. Name 2000 PGA BLVD., SUITE 4410 Florida street address (P.O. Box NOT acceptable) NORTH PALM BEACH 33408	
	State, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the propey and comple	a accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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	ASPASIA GERONYMAKI		
	6, PATMOU STREET		
	17123 N. SMYRNI, ATHENS, GREECE		
MGR	RIVALEN PROPERTIES, INC. TRUST COMPANY COMPLEX		
	AJELTAKE ROAD		
	AJELTAKE ISLAND, MAJURO, MARSHALL ISLANDS, MH-96960		
(Use attachment if necessary)	13 OCT 21 PM 1: 54 SEDALLARY GF STATE FALLARIASSEE, FLORIDA.		
CLE V: Effective date, if other than effective date is listed, the date it to or 90 days after the date of filing	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business (g.)		
REQUIRED SIGNATURE:	° 11		
c//n/	////		

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.)

RANDELL C. DOANE, ESQ.

Typed or printed name of signce

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)