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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2013

T. BROWN

SHULMAN
ROGERS

GANDAL
PORTY
ECKER

NORA A. WHITESCARVER LEGAL ASSISTANT
T 301.255.0545 E nwhitescarver@shulmanrogers.com

October 16, 2013

VIA FEDERAL EXPRESS

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

RE: Blue Ocean Canyon, LLC
Our File No. 122801.00002

Ladies and Gentlemen:

Enclosed for filing are Articles of Organization for the above-mentioned entity. Once filed, please provide a Certificate of Status and a Certified Copy of the Articles of Organization.


Also enclosed is a check, payable to the Florida Department of State, in the amount of \$160.00 to cover the Filing Fee, Certificate of Status and Certified Copy.

Please return the evidence of filing to me. In order to expedite the return of the documentation, please use our I've enclosed a self-addressed envelope with a pre-paid Federal Express Airbill.

Please contact me if additional information is needed to process this request. Thank you for your assistance.

Sincerely,

SHULMAN, ROGERS, GANDAL,
PORTY & ECKER, P.A.

By: 
Nora Whitescarver
Legal Assistant

Enclosures as noted

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Blue Ocean Canyon, 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:

Philip Lowit

Name of Person

Firm/Company

3753 Jenifer Street, NW

Address

Washington, DC 20015

City/State and Zip Code

lowitp@yahoo.com

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

For further information concerning this matter, please call:

Philip Lowit

Name of Person

at (**202**) **255-7607**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Blue Ocean Canyon, 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:

1700 K Street, NW

Suite 875

Washington, DC 20006

Mailing Address:

3753 Jenifer Street, NW

Washington, DC 20015

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:

CT Corporation System

Name

1200 S. Pine Island Road

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

Plantation

FL

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.

Judith Argao
Vice President
and Assistant Secretary


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

David Lowit

631 D Street, NW, Suite 1139

Washington, DC 20004

MGRM

Philip Lowit

3753 Jenifer Street, NW

Washington, DC 20015

(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.)

Howard J. Ross, 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)