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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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for Oceanic LLC

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| | COVER LETTER | i |
|---------------|---|--|
| | egistration Section vision of Corporations | VITY SECUE ** J |
| 2. | vision of Corporations | |
| SUBJECT: | | |
| | Name of Limited Liability Company | |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. | |
| Please return | m all correspondence concerning this matter to the following: | |
| | Name of Person | |
| • | Name of Person | ······································ |
| | Oceanic LLC | |
| · | Firm/Company | |
| | 2554 E. Fowler Aue Address | |
| | Address | |
| | Tempe FL 33612 City/State and Zip Code | |
| | City/State and Zip Code | |
| | E-mail address: (to be used for future annual report | ۸ |
| | E-mail address: (to be used for future annual report | rt notification) |
| For further i | information concerning this matter, please call: | |
| Cri. | Name of Person at (813) 975-2 Area Code Daytime Teleph | 855 |
| Englosed is | a check for the following amount: | |
| | | |
| \$125.00 Fil | ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |

Mailing Acklress
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

orations Division of Corporations
Clifton Building
32314 2661 Executive Center Circle
Tallahassee, FL 32301

Street/Courier Address Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|--|
| The name of the Limited Liability Company is: | | |
| Oceanic LLC | | |
| (Must end with the words 'Limi | ited Liability Company, "L.L.C.," or 'LLC.' | ') |
| ARTICLE II - Address: The mailing address and street address of the principal | al office of the Limited Liability Company is | s: |
| Principal Office Address: | ailing Address: | |
| 2554 E. Fowler Ave Timps FL 33612 | 2554 E. Fowler | Aue |
| Timp= FL 33612 | Timp - FL 3361 | 2 |
| ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its o another business entity with an active Florida registra | own Registered Agent. You must designate a ation.) | n indívidual or |
| The name and the Florida street address of the register | ered agent are: | |
| Cui V S | runs tein | |
| | | |
| Florida street address (P.O.) | ra CV.ff Ave | |
| | | |
| Ciny | FL 7 33617 | |
| | | |
| Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Signature. | rcept the appointment as registered agent and cons of all statutes relating to the proper and consistence of the proper and consistered agent ag | l agree to act in this complete performance |
| | | 74 |
| (CONTI | NUED) | ; ! <u> </u> |
| Page 1 | lof2 | FILED |

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized | Member |
| "MGR" = Manager ← ← ← ← | Com 12 () construction |
| 11010 | 418 Feen Cliff Ave. |
| | Timp. Fl 33617 |
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| (Use attachment if nece | essary) |
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ARTICLE IV-