

L14000028300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

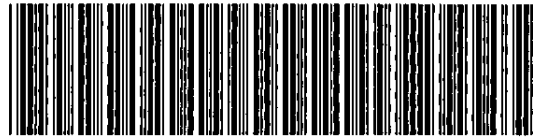
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800256840468

02/18/14--01021--011 **125.00

FILED
14 FEB 18 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.0000 FEB 18 2014

X

LAW OFFICES
OUGHTERSON, SUNDHEIM AND ASSOCIATES, P.A.
612 SE Central Parkway
Stuart, Florida 34994

PHONE: (772) 287-0660 FAX: (772) 287-0422 E-MAIL: oswpa@bellsouth.net

FREDERICK G. SUNDHEIM JR.
SANDRA SUNDHEIM-STRAUSBAUGH

WM. A. OUGHTERSON
OF COUNSEL

February 14, 2014

Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

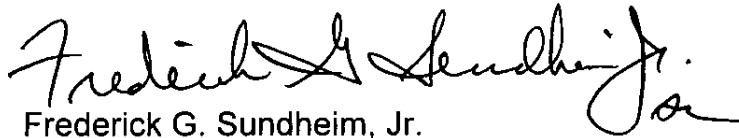
RE: 309 Ocean Avenue, LLC

Dear Sirs:

I have enclosed a check in the amount of \$125.00 to cover your filing fee and obtaining a certified copy of the enclosed Articles of Organization for the above limited liability company.

Once the Articles have been filed, please return the copy to my office marked as filed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Frederick G. Sundheim, Jr.", with a stylized flourish at the end.

Frederick G. Sundheim, Jr.

FGS:sn
Encls.
F-439A

ARTICLES OF ORGANIZATION

FOR

309 OCEAN AVENUE, LLC

Article I
Name

The name of the Limited Liability Company is 309 Ocean Avenue, LLC.

Article II
Address

The mailing address and street address of the principal office of the Limited Liability Company is

Mailing address:

PO Box 985
Hobe Sound, FL 33475

Street address:

7795 SE Crossrip Street
Hobe Sound, FL 33455

Article III
Duration

The period of duration for the Limited Liability Company shall commence upon the date of execution hereof. The Limited Liability Company shall exist for thirty (30) years from such date unless sooner terminated.

Article IV
Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

DENNIS J. FREESE

PO BOX 985
Hobe Sound, FL 33475

FILED
14 FEB 18 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V
Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida Street address of the registered agent are:

DENNIS J. FREESE
7795 SE Crossrip Street/PO Box 985
Hobe Sound, FL 33455/33475

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 as registered agent as provided for in Chapter 608, Florida Statutes.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 18 AM 10:53

FILED

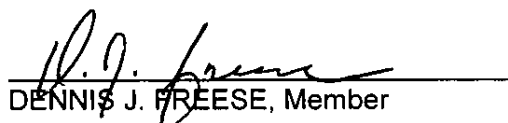
Article VI
Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

Article VII
Members Rights to Continue Business

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

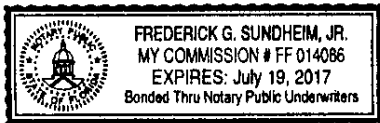
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of 309 OCEAN AVENUE, LLC, effective this ____ day of _____, 2014.



DENNIS J. FREESE, Member

STATE OF FLORIDA
COUNTY OF MARTIN

February The foregoing instrument was acknowledged before me this 13 day of
_____, 2014, by DENNIS J. FREESE.



[Signature]

Signature of Notary Public

Print, type or stamp commissioned
name of Notary Public

Personally known ✓ or produced identification _____.

Type of Identification Produced _____

FILED
14 FEB 18 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA