

114000073564

(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



500258851335

04/10/14--01026--026 **125.00

FILED

2014 MAY -7 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 8 2013
T. HAMPTON

05626-110

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ocean LoveHer

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:

Lisa M. Rollins

Name of Person

Ocean LoveHer

Firm/Company

221 Beach Road, # 105

Address

Siesta Key, FL 34242

City/State and Zip Code

Lisa@OceanLoveHer.com

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

For further information concerning this matter, please call:

Lisa Rollins

at 941 626-7679

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

Lisa Rollins
221 Beach Road, #105
Sarasota, FL 34242
May 3, 2014

Tammy Hampton
Regulatory Specialist III
Florida Department of State
P.O. BOX 6327
Tallahassee, FL 32314

RE: W14000023250

Dear Tammy Hampton:

Thank you for your most recent letter dated April 11, 2014 in reference to W14000023250 regarding OCEAN LOVEHER, LLC.

You are correct that the spelling should be OCEAN, not OEAN.

Thank you for your time attention to this matter, and thank you for catching this oversight on my part.

Sincerely,


Lisa Rollins



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

LISA M ROLLINS
221 BEACH RD
105
SIESTA KEY, FL 34242

SUBJECT: OEAN LOVEHER, LLC
Ref. Number: W14000023250

We have received your document for OEAN LOVEHER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

OEAN OR OCEAN,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 014A00007884

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ocean LovelTer, 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:

221 Beach Road, #105
Siesta Key, FL 34242

Mailing Address:

221 Beach Road, #105
Siesta Key, FL 34242

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:

Lisa M. Rollins

Name

221 Beach Road, #105

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

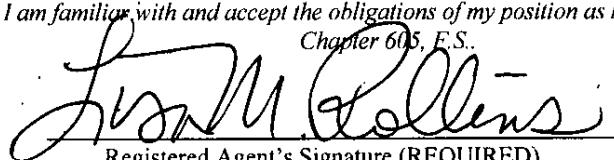
Siesta Key

FL 34242

City

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 605, F.S.


Lisa M. Rollins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 MAY -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LISA M. ROLLINS

221 BEACH ROAD, #105

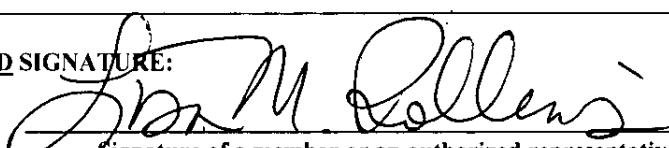
SIESTA KEY, FL 34242

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

LISA M. ROLLINS

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)