

L14000101572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

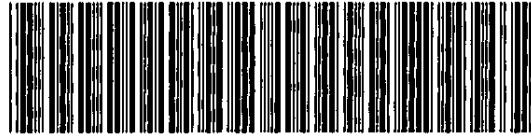
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-37761

Office Use Only



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06/16/14--01033--015 **125.00

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

JUN 23 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2014

CHRIS HEINE
2765 LAKE DRIVE
SINGER ISLAND, FL 33404

SUBJECT: OCEAN'S VIEW, LLC
Ref. Number: W14000037761

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TALLAHASSEE FLORIDA

We have received your document for OCEAN'S VIEW, 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):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : OCEAN VIEW LLC, document number L6000101684.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00013141

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEAN VIEW BAR AND GRILL, 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:

CHRIS HEINE
Name of Person

Firm/Company

2765 LAKE DRIVE
Address

SINGER ISLAND, FL 33404
City/State and Zip Code

SWSMIGIEL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS HEINE at (561) 722-9520
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

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 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN VIEW BAR AND GRILL 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:

Mailing Address:

2765 LAKE DRIVE
SINGER ISLAND, FL 33404

2765 LAKE DRIVE
SINGER ISLAND, FL 33404

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:

CHRIS HEINE

Name

2765 LAKE DRIVE

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

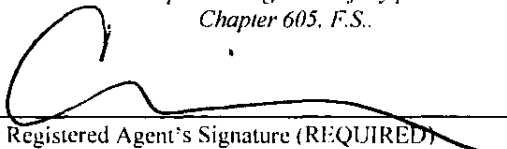
SINGER ISLAND FL 33404

City

Zip

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JACKSONVILLE, FLORIDA

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

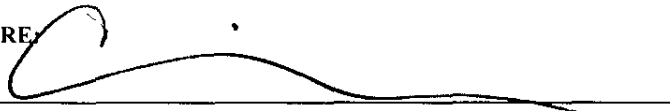
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	CHRIS HEINE 2765 LAKE DRIVE SINGER ISLAND, FL 33404
MGR	GARY SMIGIEL PO BOX 540669 LAKE WORTH, FL 33454
_____	_____
_____	_____
_____	_____

(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.)

CHRIS HEINE
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)

DEPARTMENT OF STATE
ADULT SERVICES FLORIDA
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