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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJ	ECT: Overse	eas Assets, LLC Name of Li	mited Liability Company	
		Traine of Di	maca chaomity Company	
The er	nclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	espondence concerning this r	natter to the following:	
	Michael	Napoli		
			Name of Person	
	Oversea	s Assets, LLC		
	···		Firm/Company	
	534 SW.	13th Ave.		
			Address	
	Fort Laur	derdale, FL 33312		
	TOTTLAU		City/State and Zip Code	
M	Napoli99@ya	hoo.com		
		E-mail address: (to be use	ed for future annual report notification	ation)
For fu	ther information	on concerning this matter, ple	ease call:	
Micha	el Napoli	ot (054 \ 000 0045	
TANCHIO		me of Person	954) 608-0845 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
Z \$ 125.0	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)
		iling Address	Street/Courier Add	<u>ress</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:	
Overseas Assets, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Malling Address:
534 SW. 13th Ave. Fort Lauderdale, FL 33312	534 SW. 13th Ave. Fort Lauderdale, FL 33312
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.) The name and the Florida street address of the registered as	tegistered Agent. You must designate an individual or
Michael Napoli	
Name	
534 SW. 13th Ave.	
Florida street address (P.O. Box	NOT acceptable)
Fort Lauderdale	FL 33312
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Muffey	1
Registered Agent's Signatu	re (KEQUIKED)
(CONTINUE	D)

Page 1 of 2

<u>îitle:</u>	Name and Address:
AMBR" = Authorized Member	 _
MGR" = Manager	
MBR	Michael Napoli
	534 SW. 13th Ave.
	Fort Lauderdale, FL 33312
V: Effective date, if other than the d tive date is listed, the date must be	ate of filing: (OPTIONAL.) specific and cannot be more than five business days prior to or
tive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
V: Effective date, if other than the d tive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	specific and cannot be more than five business days prior to or
V: Effective date, if other than the d tive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in.)	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
V: Effective date, if other than the d tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section constitutes at third degree feet.)	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)