L15000020459

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
۲ تیر	Office Use Only



800268121098

01/23/15--01010--011 **125.00

15 JAN 23 PH 4: 50

T Burch FEB: 612 MIN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WarmOcean Realty, LLC Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Diana Roberts	Name of Person	
WarmOcean Realty, LLC	Firm/Company	
100 Uno Lago Drive #203	Address	
Juno, Florida 33408 Ciຫຼ	//State and Zip Code	
sphroberts@gmail.com E-mail address: (to be used t	for future annual report notific	ation)
For further information concerning this matter, please	e call:	
	1) 510-3425 Area Code Daytime Te	lephone Number
	nea code; Daytime re	repriorie Number
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	Street/Courier Add Registration Section Division of Corporal	

P.O. Box 6327

Tallahassee, FL 32314

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:			
WARMOCEANHOME, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
100 Uno Lago Drive #203 Juno, Florida 33408	100 Uno Lago Drive #203 Juno, Florida 33408		
ARTICLE III Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate an individ		
Diana Roberts	En Formation of the For	<u></u>	Harris
Name	HETE AR	JAN 2	************
100 Uno Lago Drive #203	करें भूस	23	स ्थानसम्बद्धाः ह
Florida street address (P.O. Box N	NOT acceptable)	PH	
Juno	FL 33408	£.	
City	Zip $\widetilde{\widetilde{\mathbb{Q}}}$, $\widetilde{\widetilde{\mathbb{H}}}$	2	
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature	the appointment as registered agent and agree to all statutes relating to the proper and complete pations of my position as registered agent as proven 605, F.S.	act in perforn	this nance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Diana Baharta
MGR	Diana Roberts 100 Uno Lago Drive #203
	Juno, Florida 33408
	Juno, Fishida 35-06
	· · · · · · · · · · · · · · · · · · ·
	TAS .
	NS.
EV: Effective date, if other than the date of filin	g: (OPTIONAL)
E V: Effective date, if other than the date of filin ective date is listed, the date must be specific a	. Co.
E V: Effective date, if other than the date of filin ective date is listed, the date must be specific a of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or
(Use attachment if necessary) E V: Effective date, if other than the date of filin ective date is listed, the date must be specific a of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	g: (OPTIONAL) nd cannot be more than five business days prior to or
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	g:
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203)	g:
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) constitutes an affirmation under the provisions.	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) constitutes an affirmation under the provisions.	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as proposed in the plant and provided in the plant aware that any false information constitutes a third degree felony as proposed in the plant and provided in the plant and pla	nd cannot be more than five business days prior to or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
E V: Effective date, if other than the date of filing ctive date is listed, the date must be specific a f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a m	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific a of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as proposed in the plan are provided in the plan aware that any false information constitutes a third degree felony as proposed in the plan are provided in the plan aware that any false information constitutes a third degree felony as proposed in the plan are provided in the plan are plan are provided in the plan are provided in the plan are provided in the plan are p	g: