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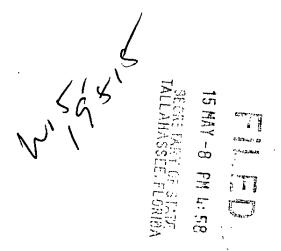
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Office Use Only



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S 2015

COVER LETTER

TO:

Registration Section

Division of Corporations	,
SUBJECT: OCean Breaze Name of Limited I	Cleaning Services LL(
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Tammy J A Nar	ne of Person
Fir	m/Company
383 Kenova	Street
Port Charlotte City/Sta	FL 33954 ate and Zip Code
tenaleurod @ Yah E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please cal	l:
Name of Person at (Que	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & Status & 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

March 19, 2015

TAMMY J ANTINI 383 KENOVA STREET PORT CHARLOTTE, FL 33954

SUBJECT: OCEAN BREEZE CLEANING SERVICES LLC

Ref. Number: W15000019515

15 APR 16 AM 10: 00

We have received your document for OCEAN BREEZE CLEANING SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 3, 2015. Please amend your document accordingly.

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.

Tim Burch Regulatory Specialist II

Letter Number: 015A00005565



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2015

TAMMY J ANTINI 383 KENOVA STREET PORT CHARLOTTE, FL 33954

SUBJECT: A-1 OCEAN BREEZE CLEANING SERVICES, LLC

Ref. Number: W15000019515

15 MAY -8 MM 10: 00

We have received your document for A-1 OCEAN BREEZE CLEANING SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 3, 2015. Please amend your document accordingly.

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.

Tim Burch Regulatory Specialist II

Letter Number: 915A00007747

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

A-1	OCCON Broeze Cloo (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 of	fice of the Limited Liability Company is:		
	Principal Office Address:	Mailing Address:		
	383 Kenova Street Port Charlotte Fl 33954	383 Kenova Stra Abrt Charlotte Fl 33954	<u>e</u> +	
	ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an ind	lividual or	
	The name and the Florida street address of the registered	agent are:		
	Tammy Ar	J ni	MAY -8	+ F-AR2
	Florida street address (P.O. Box	NOT acceptable)	TOP ST	A TOTAL MET
	Abort Charlotte City	FL 33954 Zip	5.8	4:22

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' Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Tammy Antini 383 Kennya Treet Port Charlotte FL 33954				
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					Colores
					27 6
	U) Press				
	<u> </u>				
					
	A CO				
(Use attachment if necessary)	P				
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthe date of filing.)	of filing: 03 - 63 - 2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days af				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
Omm	4 antis				
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0204 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true0205 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Tamm	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)