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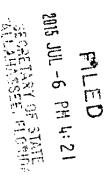
| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

**Registration Section** 

| D             | Pivision of Corporations  |                   |   |
|---------------|---|-------------------|---|
| CUDIECT       | C: Oyster Bay Limited, L.L.C.   |                   |   |
| SUBJECT       |   | Limited Liabilit  | y Company   |
| The enclos    | sed Articles of Organization and fee(s)   | ) are submitted t | for filing.   |
| Please retu   | ırn all correspondence concerning this  | matter to the fo  | ollowing:   |
|               | Anthony Giardino  |                   |   |
|               |   | Name of I         | Person  |
|               | Oyster Bay Limited, L.L.C.  |                   |   |
|               |   | Firm/Con          | npany   |
|               | 2800 Northeast 14th Street, Apt. A-   | 4                 |   |
|               |   | Addre             | ss  |
|               | Ft. Lauderdale, FL 33304  |                   |   |
|               |   | City/State and    | Zip Code  |
|               | anthonygiardino@comcast.net   | sed for future ar | nnual report notification)  |
| D 64          |   |                   | musi report notification)   |
| ror iurtner i | nformation concerning this matter, ple  |                   |   |
|               | Anthony Giardino  | 954<br>()         | 599-9586  |
|               | Name of Person  | Area Code         | Daytime Telephone Number  |
| Enclosed i    | s a check for the following amount:   |                   |   |
| \$125.00 F    | iling Fee \$130.00 Filing Fee & Certificate of Status   | Certifie          | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
|               | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | )<br>[<br>(       | Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Fallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

eff 1/8

| A | RT | ICI | Æ | - 1 | Nα | me: |
|---|----|-----|---|-----|----|-----|
|   |    |     |   |     |    |     |

The name of the Limited Liability Company is:

Oyster Bay Limited, L.L.C.

(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:                     |
|--------------------------------------|--------------------------------------|
| 2800 Northeast 14th Street, Apt. A-4 | 2800 Northeast 14th Street, Apt. A-4 |
| Ft. Lauderdale, FL 33304             | Ft. Lauderdale, FL 33304             |
|                                      |                                      |

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:

Anthony Giardino

Name

2800 Northeast 14th Street, Apt. A-4

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

Ft. Lauderdale FL 33304

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  |
|--|--|
| AMBR   | Anthony Giardino   |
| MGR  | Anthony Giardino   |
|  |  |
|  |  |
| (Use attachment if necessary)  EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and  | JULY 8, 2015 . (OPTIONAL)  d cannot be more than five business days prior to or 90 or  |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)   | d cannot be more than five business days prior to or 90 capplicable statutory filing requirements, this date will not be   |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)  'the date inserted in this block does not meet the ament's effective date on the Department of State's   | d cannot be more than five business days prior to or 90 capplicable statutory filing requirements, this date will not be   |
| E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)  The date inserted in this block does not meet the ament's effective date on the Department of State's E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information)   | d cannot be more than five business days prior to or 90 capplicable statutory filing requirements, this date will not be records.  |
| E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)  The date inserted in this block does not meet the ament's effective date on the Department of State's E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section of the lam aware that any false information under the lam aware that any false inf | an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.)  The date inserted in this block does not meet the ament's effective date on the Department of State's E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section of the lam aware that any false information under the lam aware that any false inf | an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document it on submitted in a document to the Department of State   |

Page 2 of 2