L1500150983

(0.		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<u> </u>
·		,
PICK-UP	MAIT	MAIL
	_	_
(Bt	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
One sight has becautions to	Fig. Off	
Special Instructions to	Filing Officer:	
		

Office Use Only

SEP 1 0 2015



500276491985

09/02/15--01011--005 **130.00

15 SEP -2 AM 10: 59

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocean Planet 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:
Gary Lytton Name of Person
Ocean Planet LLC Firm/Company
Firm/Company
260 315+ STREET NW
Address
City/State and Zip Code 9/440\ a zol. com E mail add(s) to be used for fitting annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Ocean Planet LL	Ć.
(Must end with the words "Limited Liability Company, "L.I	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
760 319+ Street NW	260 31st Street NW
Maples, Floida 34170	NATES, Plasda 34170

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:

Name

760 7197 Street NW

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

NAMES Florida 34170

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

15 SFP -2 MID: 59

<u> Citle:</u>		Name and Address:
	uthorized Member	
MGR" = Ma		Come lutton
MGI	_	160 31 2+ Street NW Napley, Fronda 34170
		Linday France 34170
		-NAMES, 10100 THICO
•		
V: Effective tive date is I filing.)	isted, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 or
V: Effective tive date is I filing.) he date insert	e date, if other than the date of date, the date must be spe	cific and cannot be more than five business days prior to or 90 of eet the applicable statutory filing requirements, this date will not
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be spe	cific and cannot be more than five business days prior to or 90 of eet the applicable statutory filing requirements, this date will not
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be speed in this block does not move date on the Department of ovisions, if any. SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be speed in this block does not me date on the Department covisions, if any. SIGNATURE:	eet the applicable statutory filing requirements, this date will not if State's records.
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be speed in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a mere and this document is executed.	eet the applicable statutory filing requirements, this date will not if State's records. The property of a partitionized personal persona
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a met This document is executed a may any false	eet the applicable statutory filing requirements, this date will not if State's records. The proof of a partitionized epresentative of a member. The proof of th
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a met This document is executed a may any false	eet the applicable statutory filing requirements, this date will not if State's records. The property of a partitionized personal persona
V: Effective tive date is I filing.) ne date insert ent's effectiv VI: Other pr	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a met This document is executed a may any false	eet the applicable statutory filing requirements, this date will not if State's records. The ror ap authorized epresentative of a member. Each in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
V: Effective tive date is I filing.) he date insertent's effectiv	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a met This document is executed a may any false	eet the applicable statutory filing requirements, this date will not if State's records. The proof of a partitionized epresentative of a member. The proof of th
V: Effective tive date is I filing.) he date insertent's effectiv	e date, if other than the date of isted, the date must be specified in this block does not me date on the Department of ovisions, if any. SIGNATURE: Signature of a met This document is executed a may any false	eet the applicable statutory filing requirements, this date will not if State's records. The ror ap authorized epresentative of a member. Each in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.