, (Re	equestor's Name)	-
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN
	PICK UP: 6-14
	CERTIFIED COPY
×	PHOTOCOPY
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×	FILING LLC
1.	OPPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
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SPECIA	(CORPORATE NAME AND DOCUMENT #) L INSTRUCTIONS:

THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

OCEANVIEW DESIGN AND CONSULTING, LLC

16 JUN - 1 PH 3: 56
SECRETARY OF STATE
PALLAHASSEE, FLORID/

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOW: TO CONDUCT BUSINESS IN THE FIELD OF DESIGNING & CONSULTING, ANY OTHER BUSINESS THE BOARD MAY APPROVE FROM TIME TO TIME, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: TURNER AND MELENDEZ ACCOUNTANTS, INC 7540 US HIGHWAY ONE SUITE 103

LANTANA, FL 33462

TEL:(561)582-3046 FAX:(561)582-0899

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS:

9228 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418

PALM BEACH COUNTY, FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. SHANE P SCHANS, ADDRESS: 9228 GREEN MEADOWS WAY, PALM BEACH GARDENS, FL 33418.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF... PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE. OPEN.

BY: SHANE P SCHANS

ARTICLE V

THE NAME AND POST OFFICE ADDRESS OF THE MANAGERS OF ORGANIZATION:

SHANE P SCHANS 9228 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418

JENNIFER W THOMSON 9228 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418

MANAGER'S SIGNATURE

SHANE PSCHANS

JENNIFER W THOMSON

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SECRETARY OF STATE