Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000159193 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. OCEAN STAY RENTALS, LLC

Certificate of Status	i
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

06/30/2016 14:20 3052201440

H 1 6 0 0 0 1 5 9 1 93

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 05

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN STAP RENTALS LLC

(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:

127 GRAND A VENUE

CORAL GABLES FL 33133

Mailing Address:
127 GPANU AUPNUS

CORAL GADICS, FL 33133

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:

CARLOS AIBERTO Jimenez

127 Grand Avenue
Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33133

City 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 Aignature (REQUIRED)

(CONTINUED)

Flage 1 of 2

H16000159193

(In accordance with section constitutes an affirmation of a management of the constitutes a third degree for the constitutes at	ember or an authorized representative of a member. 605.0203 (1) (b). Elorida Statutes, the execution of this document the penalties of perjury that the facts stated herein are transformation submitted in a document to the Department of Statistion as provided for in s.817.155. F.S.)  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent	ie.
Signature of a magnetic constitutes an affirmation of a magnetic constitutes and any false in constitutes a third degree for the constitutes as th	605.0203 (1) (b). Elorida Statutes, the execution of this document the penalties of perjury that the facts stated herein are transformation submitted in a document to the Department of Statelony as provided for in s.817.155. F.S.)  Typed or printed name of signee  Filing Fees:	16 16
Signature of a magnetic state of a magnetic state of a magnetic state of the state	605.0203 (1) (b). Florida Statutes, the execution of this documenter the penalties of herjury that the facts stated herein are transformation submitted in a document to the Department of Statelony as provided for in s.817.155. F.S.)	ie.
Signature of a magnetic state of a magnetic state of a magnetic state of the state	605,0203 (1) (b). Florida Statutes, the execution of this documenter the penalties of periory that the facts stated herein are to	ie.
REQUIRED SIGNATURE:		
LE VI: Other provisions, if any.		,
LEV: Effective date, if other than the date ffective date is listed, the date must be specifing.)	of filing:(OPTIONAL) secific and cannot be more than five business days prior to o	r 90 days afte
(Use attachment if necessary)		•
		<del></del> 
		<del></del> -
·		<del></del>
AMBR	carlos Alberto Jir	- <u>n</u> enez
		<del></del>
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	