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.

(((H160002337043)))



H160002337043ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			
10.	Division of Corporations		
	Fax Number : (850)617-6381		
From:			
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number : I20000000019		
	Phone : (305)552-5973		
21.4	Fax Number : (305)675-5944		
820	विकिति है		
프공핑			
**Enter	the email address for this business entity to be used for for	uture	
i janı	nual report mailings. Enter only one email address please.**	E.	
: P a Ema	ail Address:	_	
155			
2 7.			
7,400			
^ ·	FLORIDA LIMITED LIABILITY CO.		

# FLORIDA LIMITED LIABILITY CO. BLUE OCEAN ESTATES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help





H16000233704.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

BLUE OCEAN ESTATES LLC

### **ARTICLE II - Address:**

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

570 NW 123 AVENUE MIAMI, FLORIDA 33182

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

JUAN F LOPEZ 570 NW 123 AVENUE MIAMI, FLORIDA 33182

## ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

JUAN F LOPEZ

MANAGER MEMBER

JASON F LOPEZ

MANAGER

Page 1 of 2

H16000233704

Required Signatures:

M

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JUAN F LOPEZ

Typed or printed name of signee

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)

G-SEP 20 AM 10: 31

Page 2 of 2