

JUL/16/2019 TUE

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Divis of Corpor ons

P. 001/003

Florida Department of State

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

OCEAN DESIGN GALLERY, LLC

Certificate of Status	0
Certified Copy	1
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J DENNIS

JUL 17 2019

JUL/16/2019/TUE 11:49 AM

FAX No.

P. 002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 JUL 16 AM 10 29

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN DESIGN GALLERY, LLC

(Must contain 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:

7875 NW 29 Street

Doral FL 33122

Mailing Address:

7875 NW 29 Street

Doral FL 33122

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:

One Nationwide Services LLC

Name

12905 SW 42nd Street Suite 115

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

Miami

FL

33175

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..

Johnny V. Semper

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JUL 16 11:50 AM '19

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ALEXANDER GARCIA

7875 NW 29 STREET

Miami FL. 33122

MGR

ANA L. ABREU

7875 NW 29 STREET

Miami FL. 33122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.ANY AND ALL LAWFULL BUSINESS RELATED TO THE INSTALLATION OF IMPORTED KITCHEN CABINETS.**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ANA L. ABREU

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)