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(Business Entity Name)

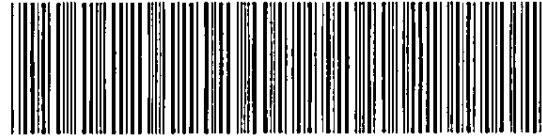
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OCEANS HEALTHCARE CLINIC LLC

Signature _____

Requested by: BA

5/28/20

Name _____

Date _____

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174 Ponder's Printing - Tallahassee, FL 32301

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

☒ L.C. File _____

Fictitious Name File _____

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RA Resignation _____

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☒ Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2020 MAY 29 PM 1:36

May 28, 2020

CAPITAL CONNECTION

SUBJECT: OCEANS HEALTHCARE LLC
Ref. Number: W20000052303

We have received your document for OCEANS HEALTHCARE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P20000029330.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 320A00010657

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR

Oceans Healthcare Clinic LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Oceans Healthcare Clinic LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **5405 Okeechobee Blvd #306, West Palm Beach, FL 33417**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, FL 32301**

ARTICLE IV: MANAGER MANAGED LLC

This LLC shall be Manager Managed and is not member managed.

ARTICLE V: MANAGERS

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

Cody Neeley, Manager, 5405 Okeechobee Blvd #306, West Palm Beach, FL 33417

Haley Neeley, Manager, 5405 Okeechobee Blvd #306, West Palm Beach, FL 33417

The undersigned has executed these Articles of Organization for filing purposes this 28th day of May 2020.

/S/ Cody Neeley

Authorized Representative

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **Oceans Healthcare Clinic LLC**
2. The name and street address of the registered agent and office is:

Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, FL 32301

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Seth Neeley

Seth Neeley for Your Capital Connection, Inc.

2020 MAY 29 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FL

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