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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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1. Board Certified Real Estate
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July 28, 2020

New Filing Section
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: Ocean Project Solutions, LLC

Dear Sir:

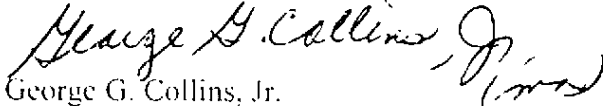
Enclosed please find an original and one conformed copy of the Articles of Organization for the above named limited liability company. I would appreciate your filing the original with your office and returning the conformed copy, with your Certificate attached, to this office.

I am also enclosing a check in the amount of \$160.00 covering the following:

Filing Fee/Designation of Resident Agent	\$125.00
Certified Copy	30.00
Certificate of Status	5.00

Thank you for your consideration in this matter.

Sincerely,


George G. Collins, Jr.
For the Firm

GGC, JR./mja
Enclosures

PHONE: 772.231.4343 | FAX: 772.234.5213 | WWW.VEROLAW.COM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN PROJECT SOLUTIONS, 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:

Mailing Address:

5065 Harmony Circle #205
Vero Beach, FL 32967

5065 Harmony Circle #205
Vero Beach, FL 32967

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:

Joseph A. Palermo

Name

5065 Harmony Circle #205

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

Vero Beach

FL

32967

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Joseph A. Palermo
5065 Harmony Circle #205
Vero Beach, FL 32967

(Use attachment if necessary)

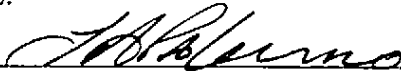
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Joseph A. Palermo

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)**