

8/24/2020

# L20000251163

Division of Corporations  
 State of Florida  
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 Electronic Filing Cover Sheet

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To:

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From:

Account Name : CORPORATION SERVICE COMPANY  
 Account Number : I20000000195  
 Phone : (850)521-0821  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
 NORTH OCEAN VENTURES LLC**

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**FILED****COVER LETTER**

2020 AUG 24 PM 4:53

**TO: New Filing Section  
Division of Corporations**

TALLAHASSEE FL 32303

**SUBJECT: NORTH OCEAN VENTURES LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira A. Rosenberg, Esq.

Name of Person

Sills Cummis &amp; Gross PC

Firm/Company

The Legal Center, 1 Riverfront Plaza

Address

Newark, New Jersey 07102

City/State and Zip Code

irosenberg@sillscummis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira Rosenberg

973

643-5082

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &  
Certificate of Status☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)**Mailing Address**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**Street Address**New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
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## ARTICLE I - Name:

The name of the Limited Liability Company is:

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NORTH OCEAN VENTURES 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:5280 North Ocean Drive5280 North Ocean DrivePenthouse DPenthouse DRiviera Beach, FL 33404Riviera Beach, FL 33404

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

William S. Marth

Name

5280 North Ocean Drive, Penthouse DFlorida street address (P.O. Box NOT acceptable)Riviera BeachFL33404

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..*

William S. Marth

By /s/ William S. Marth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

**Name and Address:**MGRWilliam S. Marth5280 North Ocean Drive, Penthouse DRiviera Beach, FL 33404

(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:**/s/ William S. Marth**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.William S. Marth

Typed or printed name of signer

**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)**

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