

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.

(((H20000324641 3)))



H200003246413ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		2020 SECI	-
	Division of Corporations	SEP	
	Fax Number : (850)617-6381		-
		NSS NSS	Р
		S ~ J	- 1
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	AH II: II I of State EE, FLORIDA	ך כ

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **OCEAN SUNSET GROUP LLC** Certificate of Status 1 0 Certified Copy 2320 SEP 03 Page Count ス [] [] \$130.00 Estimated Charge PM 3:5 Corporate Filing Menu Help Electronic Filing Menu

T. BURCH SEP 1 8 2020

APTICIET N

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	TALL	2020	
OCEAN SUNSET GROUP LIC	CRETAN AHASS	SEP 1	• •
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I Company is:	- M	7 AM 11:	
3403 NW 82 NO AVENUE			

OFFICE 340.

MANT, FL 33122

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.)

JAINE PHILIPPE REITICH BARON

3403 NW BZND AVENUE,

OFFICE 340, MIAMI FL 33122

ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

AMBR: PHILIPPE REITICH JAIME BARON

09/18/2020 15:20 3052201440 PAGE 03/03

Required Signatures:

Signature of

1.P 2

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 Depa: tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

AIME PHILIPPE REITICH 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 herely 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..

gistered Agent's Signature (REQUIRED)