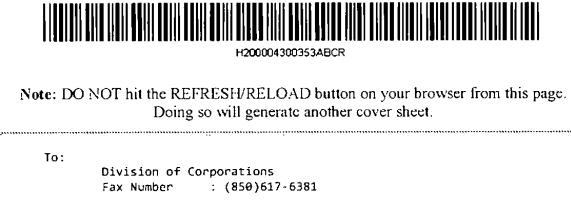
Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000430035 3)))



From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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. MJ OCEAN LLC

Certificate of Status	0
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Help

COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	MJ OCEAN LLC					
au mar.c	Name of Limited Liability Company					
The encle	osed Articles of Organization and	fee(s) are submitt	ed for filing.			
Please ret	turn all correspondence concernis	ng this matter to the	c following:			
	STEVEN R AMSTER, ESC	λ .				
		Name	of Person			
	KODSI LAW FIRM PA					
		Firm/0	Company			
	1000 N HIATUS ROAD, SU	JITE 103				
		. Ad	dress			
	PEMBROKE PINES, FL 33	026				
		•	and Zip Code			
	samster@kodsilawfirm.com		e annual report notification)			
T. C			and the port notification is			
For further	information concerning this mat	ter, please call:				
	Steven	954 at (771-8277 ext 111			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amo	unt.				
] \$125.00	Filing Fee \$130.00 Filing Certificate of 9	Status LJCert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	us	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLE	SOF ORGANIZATION FOR FLO	ORIDA LIMITED	LIABILITY COMPANY
RTICLE I - Name: ne name of the Limited Lia	ibility Company is.		
MJ OCEAN LL	C		
(Must	contain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: c mailing address and stre	et address of the principal offic	e of the Limited	Liability Company is.
<u>Pri</u>	ncipal Office Address:		Mailing Address:
2500 COMME	RCE CENTER WAY	250	O COMMERCE CENTER WAY
# 100		# 10	0
# 100 PEMBROKE P	ARK, FL 33023	# 10 PEN	0 IBROKE PARK, FL 33023
# 100 PEMBROKE P RTICLE III - Registered he Limited Liability Compother business entity with	ARK, FL 33023 Agent, Registered Office, & I pany cannot serve as its own Re i an active Florida registration.) reet address of the registered ag	# 10 PEN Registered Ager gistered Agent.	0 IBROKE PARK, FL 33023
# 100 PEMBROKE P CTICLE III - Registered to Limited Liability Compather business entity with	ARK, FL 33023 Agent, Registered Office, & I pany cannot serve as its own Re i an active Florida registration.)	Registered Ager gistered Agent. '	0 IBROKE PARK, FL 33023 nt's Signature:
# 100 PEMBROKE P TICLE III - Registered to Limited Liability Compather business entity with	ARK, FL 33023 I Agent, Registered Office, & I pany cannot serve as its own Reman active Florida registration.) reet address of the registered ageometric MEIR ELFASSY National Agents (National Agents)	Registered Ager gistered Agent. '	nt's Signature:
# 100 PEMBROKE P ETICLE III - Registered to Limited Liability Compather business entity with	ARK, FL 33023 Agent, Registered Office, & I pany cannot serve as its own Remain active Florida registration.) reet address of the registered agential MEIR ELFASSY	# 10 PEN Registered Agen gistered Agent. ' cnt are:	#100
# 100 PEMBROKE P ETICLE III - Registered to Limited Liability Compather business entity with	ARK, FL 33023 Agent, Registered Office, & I pany cannot serve as its own Registration.) reet address of the registered ageometric MEIR ELFASSY National National Action (1997) Action (1997) Action (1997) Action (1997) Action (1997) Action (1997) Note (1997) Action (1997) Act	# 10 PEN Registered Agen gistered Agent. ' cnt are:	#100

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..

By MEIR ELFASSY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CSC TRANSUI	12/16/2020 2:32:32 PM PAG	IE 47004 IAN DOLY

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "ANIBR" = Authorized Member "MGR" = Manager MEIR ELFASSY MGR ____ 2500 COMMERCE CENTER WAY, # 100 PEMBROKE PARK, FL 33023 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: MEIR ELFASSY 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. MEIR ELFASSY, AUTHORIZED PERSON 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)

S 5.00 Certificate of Status (Optional)