

Division of Corporations

**L210000047769**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H210000534313)))



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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3339  
Fax Number : (954) 208-0845

**\*\*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.**  
**Ohori Paku LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

*SLC*  
*2/9/21*

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

OHORI PAKU 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:**5825 SUNSET DRIVESUITE 302SOUTH MIAMI, FL 33143**Mailing Address:**5825 SUNSET DRIVESUITE 302SOUTH MIAMI, FL 33143**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:

MANUEL A. PAUCAR, CFA

Name

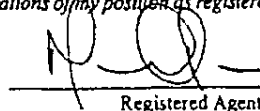
5825 SUNSET DRIVE, SUITE 302Florida street address (P.O. Box **NOT** acceptable)SOUTH MIAMIFL33143

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)

2021 FEB - 8 PM 4:40  
ALL INFORMATION

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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:**

MGR

GILBERTO ARTURO ANAYA OLIVER  
5825 SUNSET DRIVE, SUITE 302  
SOUTH MIAMI, FL 33143

MGR

ALEJANDRA OLGUIN SULE  
5825 SUNSET DRIVE, SUITE 302  
SOUTH MIAMI, FL 33143

(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.Gilberto Arturo Anaya Oliver  
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)

2021 FEB -8 PM 4:20

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# Fax

## Rhonda L. Hinds & Associates, CPA, PA

Phone (321) 454-2266 Fax (321) 454-2288

160 McLeod St. Merritt Island, FL 32953

To: Lillie S Kervin

From: Rhonda Hinds

Fax No: (850) 617-6381

Date: 2/8/21

Phone:

Pages: 6 (Including Cover)

Re: Letter Number 921A00002619

CC:

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

To Whom It May Concern,

We received letter number 921A00002619. In Article I of the documents provided, the name of the corporation is Blue Marlin Cares, Inc. The letter received confirming the filing has the entity name as Blue Marlin Care. Please review the enclosed documents and correct this error as soon as possible.

If you have any questions or concerns feel free to contact me.

Thank you!

*The information contained in this facsimile message is intended for the individual named above. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us via mail. Thank you*