

L21000112922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

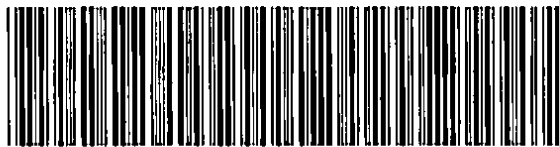
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 MAR 18 PM 2:16

RECEIVED

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2021 MAR 18 AM 11:38

CORPORATION SERVICE COMPANY

1201 Hays Street

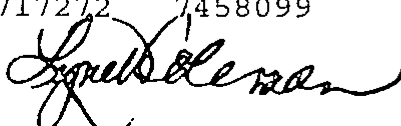
Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 717272 7458099

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 17, 2021

ORDER TIME : 11:12 AM

ORDER NO. : 717272-005

CUSTOMER NO: 7458099

DOMESTIC FILING

NAME: 350 OCEAN PAYROLL, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 350 Ocean Payroll, 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:

Sandra Caton

Name of Person

Driftwood Hospitality Management, LLC

Firm/Company

11770 US Highway 1, East Tower, Suite 202

Address

North Palm Beach, FL 33408

City/State and Zip Code

scaton@dhmhotels.com

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

For further information concerning this matter, please call:

Sandy Caton

561

207-2778

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

350 Ocean Payroll, 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:

11770 US Highway 1

East Tower, Suite 202

North Palm Beach, FL 33408

Mailing Address:

11770 US Highway 1

East Tower, Suite 202

North Palm Beach, FL 33408

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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

City

State

Zip

been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By

Registered Agent's Signature (REQUIRED)

Shanda E. Robinson

Shanda E. Robinson, Attorney at Law, P.A.

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(CONTINUED)

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

David Buddemeyer

11770 US Highway 1, East Tower, Suite 202

North Palm Beach, FL 33408

MGR

Charles M. Diaz

11770 US Highway 1, East Tower, Suite 202

North Palm Beach, FL 33408

(Use attachment if necessary)

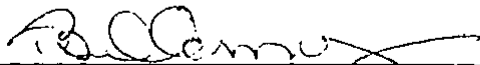
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

David Buddemeyer

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)