L22000034388

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200378622302

2022 FE6 - | PM 2: 03

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/1/22

NAME: 1380 S OCEAN HOLDINGS, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liabilit	y Company is:				
1380 S OCEAN HOL	DINGS, LLC				
	tin the words "Limited I	_iability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:		
Principal Office Address:			Mailing Addres	<u>ss</u> :	
1380 S OCEAN BLV	'D.	6830	N FEDERAL HWY		
UNIT W601 POMPANO BEACH	EL 22062	BOC	A RATON, FL 33487		
POMPANO BRACH	, FL 33002				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	it's Signature: I'ou must designate an indiv	vidual og	
-	-			FULLATIA FC	202
The name and the Florida street	address of the registered	agent are:		רר! קרר!)
THE PRESSER LAW FIRM, P.A. Name					
		Name		500	LOW TO
6830 N FEDERAL HWY					y 11 7
	Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)	PH 3:	
	BOCA RATON	FL	33487	59	-
	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..

Hellet Presser, Pres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR ____ HILLEL L. PRESSER 6830 N FEDERAL HWY **BOCA RATON, FL 33487** (Use attachment if necessary) (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: Hillel Presser, Pres

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.

HILLEL L. PRESSER, AUTHORIZED SIGNER

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)