

L220000 80914

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARCAN OCEAN CLUB 501 LLC

Signature

Requested by:

Name

Date

Time

Walk In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

Courier

**ARTICLES OF ORGANIZATION FOR
ARCAN OCEAN CLUB 501 LLC**

ARTICLE I – NAME:

The name of the Limited Liability Company is: Arcan Ocean Club 501 LLC

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7355 SW 87th Avenue
Suite 200
Miami, FL 33173

Mailing Address:

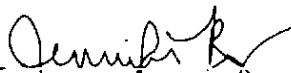
7355 SW 87th Avenue
Suite 200
Miami, FL 33173

ARTICLE III – REGISTERED AGENT:

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

Ruz & Ruz PL
7355 SW 87th Avenue
Suite 200
Miami, FL 33173

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

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ARTICLE IV – AUTHORIZED PERSONS:

The name and address of each person authorized to manage and control the Limited Liability Company are:

Title
MGR

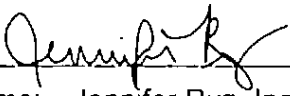
Name & Address
Alberto Marti
7355 SW 87th Avenue, Ste 200
Miami, FL 33173

ARTICLE V – EFFECTIVE DATE:

The effective date of these Articles of Organization is the date of filing.

REQUIRED SIGNATURE:

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.


Name: Jennifer Ruz, Incorporator

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