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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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11/13/20

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Please use funds from this account: 120210000 Authorization Signature: SLINGSHOT BY THE OCEAN RENTALS LLC BUSINESS NAME Document #	160 AMOUNT: <u>130.00</u>
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Incorporation	1
_X_Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE() Country:	Other
EXAMINER'S INITIALS:	

COVER LETTER

то:	New Filing So Division of C					
SURIN	SLINGSI	HOT BY THE O	CEAN REI	NTALS LI	.c	
oobor.			ame of Lir	nitcd Liab	ility Company	
The enci	osed Articles o	f Organization at	nd fcc(s) ar	e submitte	d for filing.	
Please re	turn all corresp	ondence concert	ing this me	atter to the	following:	
	ESRAEL M	ORALES				
				Name o	f Person	
	SLINGSHO	T BY THE OCE	AN RENT	TALS LLC	>	
		·		Firm/C	опрапу	
	1911 NE 27	TH COURT AP	r 3			
				Add	ress	
	LIGHTHOU	JSE POINT, FL	33064			
	MRSTOX@	OUTLOOK.CON		ity/State a	nd Zip Code	
		E-mail address: (to be used	for future	annual report notifica	tion)
or further	information co	ncerning this ma	lter, please	call;		
	ESRAEL MO	ORALES	954 at (270-2192	
	Nan	oc of Person			Daytime Telephor	ne Number
Enclosed	is a check for t	he following amo	nint:			
□\$125.0	0 Filing Fee	■\$130.00 Fili Certificate of	ng Fee & Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mallin	o Addross			P4	

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECKE HARY OF S TALLAHASSEE.	iA) Et	Ċ
	4 4.	

SLINGSHOT B	Y THE OCEAN	IRENTALS	LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:		Mailing Address:
LIGHTHOUSE POINT, FL 33064		NE 27TH CT APT 3 THOUSE POINT, FL 33064
		ou must designate an individual or
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	-	6
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent ESRAEL MORALES	t are:	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	t are:	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent ESRAEL MORALES	t are:	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent <u>ESRAEL MORALES</u> Nam	t are:	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent ESRAEL MORALES Nam 1911 NE 27TH CT APT 3 Florida street address (P.O.)	t are:	

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ESRAEL MORALES
Marok	1911 NE 27TH CT APT 3
	LIGHTHOUSE POINT, FL 33064
AMBR	FIORELLA DIAZ
	1911 NE 27TH CT APT 3
	LIGHTHOUSE POINT, FL 33064
	SENTALLS
	PR
	HASSE FL
	202
	<u>∵.</u>
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(Use attachment if necessary) LEV: Effective date, if other than the	
LEV: Effective date, if other than the effective date is listed, the date must e of filing.)	the date of filing: APRIL 12, 2022 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart CLE VI: Other provisions, if any. REOURED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be listment of State's records.
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Depart CLE VI: Other provisions, if any. REOURED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be listment of State's records. If a member of an authorized representative of a member.
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Depart CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listment of State's records. If a member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Depart of the Dep	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be listment of State's records. If a member of an authorized representative of a member.
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Depart CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is a maware that an	be specific and cannot be more than five business days prior to or 90 days is not meet the applicable statutory filing requirements, this date will not be list timent of State's records. If a member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-