

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : VCORP SERVICES, LLC
 Account Number : 120080000067
 Phone : (845) 425-0077
 Fax Number : (845) 618-3598

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -2 AM 12: 14

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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.
Occidental Property Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

May 2
2022 APR -2 AM 10: 32

DocuSign Envelope ID: EE4BB3BD-C6A9-4592-8D05-D4600622737C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Occidental Property Management 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:

Mailing Address:

201 Phipps Plaza, Suite 4
Palm Beach, FL 33480

201 Phipps Plaza, Suite 4
Palm Beach, FL 33480

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:

Vcorp Services, LLC

City

5011 South State Road 7, Suite 106

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

Davie FL 33314

City

State

Zip

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RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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, FS.

Registered Agent's Signature **REQUIRED**

(CONTINUED)

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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:

AMBR

Ragnar Oelsner
201 Phipps Plaza, Suite 4
Palm Beach, FL 33480

(Use attachment if necessary)

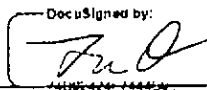
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

DocuSigned by:


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.

Ragnar Oelsner

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)

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 TALLAHASSEE, FLORIDA
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