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ALLAHASSEE FLOFT

COVER LETTER

	ew Filing Section ivision of Corporations					
SUBJECT:	: Ocean-one grill FL LLC Name of Limited Liability Company					
001,013.011	Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s) are submitted for filing.					
Please return	rn all correspondence concerning this matter to the following:					
	Marko white					
	Name of Person					
•	Firm/Company					
	575 NE 16014 Street					
•	Address					
	North Migmi Beach FL 33162 City/State and Zip Code					
	City/State and Zip Code					
_	E-mail address: (to be used for future annual report notification)					
For further in	information concerning this matter, please call:					
-	Marko White at (561) 2818369 Name of Person Area Code Daytime Telephone Number					
	, while of refoon					
	s a check for the following amount:					
<u>□</u> \$125.00	O Filing Fee Status S155.00 Filing Fee Status Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	atus &				
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite \$10					

Tailahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ocean	- one grill		とし		
(Must contai	n the words "Limited Lie	ability Compan	y, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal offi	ce of the Limite	ed Liability	Company is:	
<u> Principal</u>	Office Address:			Mailing Ad	dress:
<u>575 ^</u>	16 110th st Lymi Rach FL		57s	NE	160th st
North W	liqui Rach FL	<u> 23</u> 1621	North n	liani Bou	CG FC 33167
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own R tive Florida registration.	egistered Agent)	ent's Signa t. You must	iture: designate an	individual or
The name and the Florida street ac	-	_	l -		
	Marku	Name			
	575 NE Florida street address (P.O. Box NOT	acceptable)	
	North Migni				
	City	State		Zip	
laving been named as registered ay place designated in this certificate, l in ther agree to comply with the pro im familiar with and accept the obli	hereby accept the appoint is in the appoint is in the appoint is in the appoint i	ntment as regist uting to the prop registered ugen	pered agent of per and computed as provide the provided the provi	ind agree to a olete perform ed for in Chap	ect in this capacity. I ance of my duties, and I oter 605, F.S
	Register	ed Agent's Sigr	nature (REQ	UIRED)	20
		(CONTINUEE))		2022 0 1 14 PH 4: 02 Edge 2 2 2: 5 Erro

(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be more than five business days prior to or the date of filing.) Sole: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will reduce the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REOURED 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 Statute 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.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
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 Statute I am aware that any false information submitted in a document to the Department of Statute a third degree felony as provided for in s.817.155, F.S.	"MGR" = Manager	575 NF Ibeth S	
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	Signature of a me This document is execu I am aware that any false	ember or an authorized representative of a ted in accordance with section 605.0203 (1) (i e information submitted in a document to the l	b), Florida Statutes.
Typed or printed name of signee		Marko White	

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)