# 123000050204

	(Requestor's Name)
	(Address)
	(Address)
	, ,
<del></del>	(City/State/Zip/Phone #)
	(OK) Outor Liph Holic #7
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Clinity Haine)
	(December 1)
	(Document Number)
. red Copies	Centificates of Status
, regial Instructions to	Filing Officer;
· <u></u>	

Office Use Only



000401250230

S. CHATHAM.

2023 FEB - 1 PH 5: 49
SECRETARY OF STATE



### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	5457-5459 Ocean Holdings LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Jay Butler
	Name of Person
	Asset Protection Services of America
	Firm/Company
	701 South Carson Street, Suite #200
	Address
	Carson City, Nevada 89701
	City/State and Zip Code Admin@AssetProtectionServices.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Jay Butler 775 461-5255
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125,00	Filing Fee S130.00 Filing Fee SCertificate of Status Certificate of Status (additional copy is enclosed)  \$155.00 Filing Fee SCERTIFICATION STATUS ST

# **Mailing Address**

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

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

EXAMINIER'S INITIALS:\_\_\_\_

PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE:	S ACCOUNT: 120210000160 AMOUNT: \$130.00
5457-5459 Ocean Holdings LLC	
Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
Certified Copy of the Articles of _X Certificate of Status	*Organization
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X_Limited Liability Domestication Other CORP PLLC	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
_APOSTIL() _ Country	Other

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	lity Company is:					
5457-5459 Ocean I	Holdings LLC					
(Must end	with the words "Limited	1 Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limited I	lability Company is:			
Principal Office Address:			Mailing Address:			
5457 <u>-5459</u> 3rd Ave	nue		Dolphin Investments LLC		_	
Fort Myers, Florida	33907	1908	Thomes Avenue		_	
•		Cheve	enne, Wyoming 82001	S	2023 FEB	
another business entity with ar The name and the Florida stree	_	d agent are:		RY OF STA	-1 PM 5:4	
		Name		្តិក	÷	
	17888 67th Court No	orth				
	Florida street addres	is (P.O. Box <u><b>NOT</b></u> acc	ceptable)			
	Loxahatchee	Florida	33470			
	City	State	Zip			
laving been named as registered place designated in this certificat further agree to comply with the fam familiar with and accept the d	e, I hereby accept the app provisions of all statutes r obligations of my position	pointment as registered relating to the proper d	d agent and agree to act in th and complete performance of s provided for in Chapter 605	is capacii my dutie:	ty. I	r
	Regis	tered Agent's Signatu	re (REQUIRED)			

(CONTINUED)
Page 1 of 2

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	' <u></u> '	2023 FEB - 1 PM 5: 49	
(If an el the date <u>Note:</u> the doc	ffective date is listed, the date must be speci of filing.)	filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will not State's records.		
	This document is executed I am aware that any false in constitutes a third degree for Jay Butler, Organiz	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. er 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)