123000050248

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
tried Copies	Certificales o	of Status
ectal Instructions to Fil	ıng Officer:	

Office Use Only



600401250196

S. CHATHAM

2023 FEB - 1 PM 5: 50 SECRETARY OF STATE TALLAHASSEE, FL



73FFB -1 PM 5: 5

COVER LETTER

	Registration Section Division of Corporation	ons
SUBJEC	5440 Teak Ocean	
30031.0	T:	Name of Limited Liability Company
The enclo	sed Articles of Organi	zation and fee(s) are submitted for filing.
Please ret	urn all correspondence	e concerning this matter to the following:
	Jay Butler	
		Name of Person
	Asset Protection Se	rvices of America
		Firm/Company
	701 South Carson S	Street, Suite #200
		Address
	Carson City, Nevad	a 89701
	Admin@AssetProtec	City/State and Zip Code
		address: (to be used for future annual report notification)
For further	information concerning	ng this matter, please call:
	Jay Butler	775 461-5255
	Name of Pe	
Enclosed	is a check for the follo	owing amount:
\$125.00	Filing Fee S130 Cert	0.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		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 ACC AUTHORIZATION SIGNATURE:	OUNT: 120210000160 AMOUNT: \$130.00
5440 Teak Ocean Holdings LLC	
Business Name Docu	ment Number, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
Certified Copy of the Articles of Orga _X Certificate of Status	nization
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

ARTICLE I - Name:

The name of the Limited Liability	/ Company is:					
5440 Teak Ocean Hol	dings LLC				_	
(Must end v	vith the words "Limited	l Liability Con	ipany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Li	nited Liability Company is:			
Principa	l Office Address:		Mailing Addr	<u>ess</u> :		
5440 Teak Wood Driv	·e		Blue Dolphin Investments LL	.C	_	
Naples, Florida 34119	·		1908 Thomes Avenue		- 	
			Cheyenne, Wyoming 82001	S	. 202	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agon.) d agent are:	Agent's Signature: gent. You must designate an inc	RETARY OF STA	20/23 FEB -1 PM 5:50	
		Name		一語	Ö	
	17888 67th Court No	orth				
	Florida street addres		OT acceptable)			
	Loxahatchee	Florida	33470			
	City	State	Zip			
Taving been named as registered of place designated in this certificate, further agree to comply with the prim familiar with and accept the ob	I hereby accept the app ovisions of all statutes r ligations of my position	nointment as regelating to the past as registered a	gistered agent and agree to act proper and complete performand gent as provided for in Chapter	in this capacit ce of my duties	y. I	

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:	horized Member	Name and Address:	
"MGR" = Mana MGR	ager	Blue Dolphin Investments LLC 1908 Thomes Avenue Cheyenne, Wyoming 82001	2023FEB
			PR 5: 50
(Use attachmen	t if necessary)		
f an effective date is listed to the date of filing.) Stote: If the date inserte	ted, the date must be specific d in this block does not meet to date on the Department of St	ing:	ays prior to or 90 days after
REOUIRED S	Signature of a membe This document is executed in I am aware that any false info	r or an authorized representative of a manaccordance with section 605.0203 (1) (b), rmation submitted in a document to the Debry as provided for in s.817.155, F.S.	Florida Statutes.
	Jay Butler, Organizer Ty	ped or printed name of signee	
		ETP E	

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)