

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
: Ned Copies Certificates of Status
receal Instructions to Filing Officer:

Office Use Only



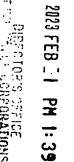
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S. CHATHAM

2023 FEB -1 PM 5: 50

RECEIVED





* 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 ACCOUNT AUTHORIZATION SIGNATURE:	: 120210000160 AMOUNT: \$130.00
27730-27732 Ocean Holdings LLC	
Business Name Document I	Number, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
Certified Copy of the Articles of Organization_X Certificate of Status	on
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

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	27730-27732 Ocean Holdings LLC
NODOL	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return 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 furthe	er information concerning this matter, please call:
	Jay Butler 775 461-5255
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125.00	O Filing Fee Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ty Company is:				
27730-27732 Ocean	Holdings LLC	11 1 1 1 1 2 7 7 7 7 7 1	W. L.C. W., M. L.C.W.	_	
(Must end	with the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lin	nited Liability Company is:		
Princip	al Office Address:		Mailing Address:		
27730-27732 Pierce	Avenue		Blue Dolphin Investments LLC	- ~	
Bonita Springs, Flor	ida 34135		1908 Thomes Avenue	_ ສ	
			Cheyenne, Wyoming 82001	- EE	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	Registered Agon.) d agent are:	Agent's Signature: ent. You must designate an individual of SSEE of FL	EB -1 PM 5: 50	
	InCorp Services, Inc			·1 —	
		Name			
	17888 67th Court No	orth			
	Florida street addres	s (P.O. Box <u>N</u> 0	ET acceptable)		
	Loxahatchee	Florida	33470		
	City	State	Zip		
place designated in this certificate further agree to comply with the p	, I hereby accept the app rovisions of all statutes r bligations of my position	cointment as reg elating to the pi as registered a arlie Fec	or the above stated limited liability company istered agent and agree to act in this capacity oper and complete performance of my duties gent as provided for in Chapter 605, F.S	v. 1	
		CONTINU	FD)		

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"MGR" = Manager MGR	Blue Dolphin Investments LLC 1908 Thomes Avenue Cheyenne, Wyoming 82001
	2023 SEC TA
	SFEB FALLA
(Use attachment if necessary)	
effective date is listed, the date must be sp te of filing.)	of filing:

REOUIRED 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 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.

Jay Butler, Organizer

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)