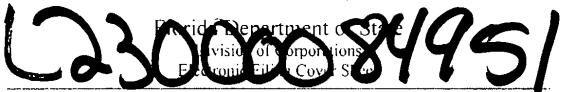
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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.

26 Oceans LLC

Certificate of Status	U
Certified Copy	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 2 of 4

ARTICLE I - Name: The name of the Limited Liability Company is:					
26 Oceans 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 Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u> :				
20200 W Divic Highway, Suite 605A	20200 W Dixie Highway, Suite 605A				
Miami, Florida 33180	Miami, Florida 33180				
ARTICLE III - Registered Agent, Registered Office. & Ro	egistered Agent's Signature:				

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are.

another business entity with an active Florida registration.)

David Salamon			
-	Name	· · · · ·	
20200 W Dixie High	hway, Suite 605A		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	
Miami	FL	33180	
City	State	Zip	

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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, F.S.,

David Salamon			
Registered Agent's Signature (REQUIRED)			

(CONTINUED)

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

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	David Salamon 20200 W Dixic Highway, Suite 605A Miami, FL 33180
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	David Salamon
This document is execu I am aware that any false	ember or an authorized representative of a member, ted in accordance with section 605,0203 (1) (b), Florida Statutes, and information submitted in a document to the Department of State efflory as provided for in s.817,155, F.S.
<u>David Salamon</u>	
	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)