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PICK-UP WAIT MAIL
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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/24/23

Order #: 1257344-1

Re: BLUE OCEAN NOYAC PATH LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	'ICL	E 1	- Na	me:
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The name of the Limited Liability Company is:

BLUE OCEAN NOYAC PATH LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Jonathan J. Holtz	Jonathan J. Holtz		
7632 Fisher Island Drive	7632 Fisher Island Drive		
Miami Beach, FL 33109	Miami Beach FL 33109		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	Jonathan J. Holtz		-		
	Name				
· ;.	7632 Fisher Island Drive Florida street address (P.O. Box NOT acceptable)				
The street with					
La क्यों में देवेबीन रेज 🔻 🔻	Miami Beach	FL	33109		
	· City	State	Zip ng Angraig		

Having been named as registered agent and to accept service of process for the above stated limited liability 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.

Jonathan J. Holtz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Physical Scholler Compension of the Compension o

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR/MGR Jonathan J. Holtz (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. 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. lonathan J. Holtz: Typed or printed name of signee \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30:00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)