

To:

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2024-04-01 14:13:03 CDT

Lexitas

From: Veronica Gonzalez

L24000149174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000117056 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
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Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
OCEANS HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Lexitas

From: Veronica Gonzalez

850-617-6381

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April 1, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: OCEANS HEALTHCARE, LLC
REF: W24000051662

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the name of the AMBR.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H24000117056
Letter Number: 924A00006903

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEANS HEALTHCARE, LLC

(Must end with 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:1555 PALM BEACH LAKES BLVD.WEST PALM BEACH, FL. 33401Mailing Address:1555 PALM BEACH LAKES BLVD.WEST PALM BEACH, FL. 33401

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:

THOMAS J. THOMPSON

Name

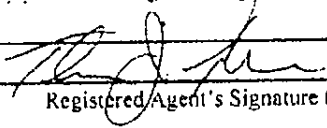
1555 PALM BEACH LAKES BLVD.Florida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33401

City

State

Zip

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, I hereby 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALLAHASSEE, FLORIDA

2024 APR - 1 AM 8:45

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Thomas J. Thompson

1555 PALM BEACH LAKES BLVD.

WEST PALM BEACH, FL. 33401

(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 after 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 listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.

THOMAS J. THOMPSON

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)