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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

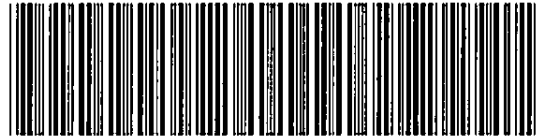
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DISPATCH OFFICE
ALLAHASSEET, FLORIDA

2024 APR -9 PM 3:21

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$130.00

Authorization Signature: *Jan Fuller*

Business Name: 4101 North Ocean Properties LLC

Document #

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Certificate of Status

NEW FILINGS

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

CORP

Other

Other

OTHER FILINGS

Apostille

Country

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Articles of Conversion,

Restated Articles of Incorporation

Statement of Authority

REGISTRATION/QUALIFICATIONS

Foreign Filing

Reinstatement

Qualification

Annual Report

Fictitious Name



EXAMINER'S INITIALS: _____

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Fictitious Name

[Handwritten notes and stamps]

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4101 North Ocean Properties LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please 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 further information concerning this matter, please call:

Jay Butler at (775) 461-5255

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (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

RECEIVED
DIVISION OF CORPORATIONS
MAY 19 2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4101 North Ocean Properties 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:

Mailing Address:

4101 North Ocean Boulevard
Apartment #209
Boca Raton, Florida 33431

Sail Away Holdings LLC
1908 Thomas Avenue
Cheyenne, WY 82001

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:

InCorp Services, Inc.
Name

3458 Lakeshore Drive
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee Florida 32312
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..

Carlis Fecteau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Handwritten notes and stamps in the bottom right corner, including a date stamp and illegible text.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sail Away Holdings LLC

1908 Thomas Avenue

Chevenne, WY 82001

(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:

Jay Butler

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)